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ABSTRACT

This guide is an outline for developing and presenting programs in self health care for senior citizens. The guide is presented in two sections. The first section provides background information about elderly self-care and tips on teaching it and developing a program. Sample letters to prospective enrollees and sample news releases are included. This section also contains an activities checklist, an interest survey, and a list of recommended textbooks. The second section provides lesson plans for conducting 13 sessions of the program. Information in each session covers objectives, materials needed, possible activities, and subject matter. The sessions cover the following topics: self-care; vital signs; the senses; doctors, hospitals, and bills; medications; recognition and treatment of common illnesses; chronic conditions; oral-dental health; nutrition; emergencies and injuries; exercises, aches, and pains; mental wellness; and a personal self-care plan. Program evaluation forms complete the guide. (The guide does not assume prior teaching experience or knowledge of other community events.) (KC)

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PATIENT ACTIVATED CARE FOR RURAL ELDERLY

PATIENT ACTIVATED CARE FOR RURAL ELDERLY

A Program Development and Teaching Guide for Planners, Facilitators, and Coordinators.

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Passages from the book **How to be Your Own Doctor (Sometimes)** by Keith Sehnert, M.D. are reprinted with the author's permission.

The family health records and selected items in the knowledge questionnaire are reprinted with the permission of Healthwise, Inc. of Boise, Idaho.

We would like to express our thanks to the several facilitators, coordinators, and other individuals who, in the course of developing and conducting community-based programs, contributed to our understanding of the concept, philosophy, and practical applications of self-care as reflected in this guide.

Finally, we thank the Northwest Area Foundation, whose two year grant allowed us to implement the Patient Activated Care programs that provided the experiences from which this book is drawn.

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PREFACE

In May 1980, the Mountain States Health Corporation (MSHC) received a grant from the Northwest Area Foundation of St. Paul, Minnesota, to introduce Patient Activated Care Programs for older citizens in Idaho, Montana, Washington, and Oregon. Since 1974, the MSHC, a non-profit organization, has worked with communities to develop people's capacity to help themselves. Whether the project involved the training of new health professionals, the demonstration of a "family volunteer" concept, or another of several activities, MSHC has worked always toward the goal of local decision-making and local responsibility for planning, implementing, and continuing programs.

The Northwest Area Foundation supports projects that promote the public's welfare in Minnesota, Iowa, North Dakota, South Dakota, Montana, Idaho, Oregon, and Washington. In addition to its interests in medical sciences and health, the Foundation funds projects in the arts and humanities, education, environmental and physical sciences, human services, and social sciences.

The MSHC assisted communities to develop classroom activities that improve the health knowledge and skills of older people. Patient activated care programs, frequently referred to as medical self-care or self-care programs, increase the confidence people have in their health care decisions. As a result of learning self-care activities and incorporating a self-care philosophy, class participants assume a more active role in their health care and maintenance.

Through the use of self-care books, other literature, and its own experience in self care instruction, MSHC devised training materials and provided individual communities with the means to establish a ten-session (20 hours) self-care program. The two year project period produced a dozen self-care classes for seniors within a four-state area. Community populations ranged from 300 to 30,000. Each program was directed by local sponsors including senior citizens' centers, Councils on Aging, public health departments, and a community college. With the help of MSHC staff, each program sponsor chose a course facilitator to lead the classes. The facilitators were health professionals from various settings: hospitals, district health departments, physicians' offices, and home health agencies. Program coordinators were chosen from among the senior citizens of each community. Coordinators brought their knowledge of community events and interest in people to all programs. They were essential to enrollment activities as well as the individual sessions.

Some of the people chosen to conduct classes had no formal teaching experience and most were new to the self-care concept. The facilitators had certain limitations, but they also had the characteristics essential to successful teaching. Each facilitator believed that **KNOWLEDGE** is crucial to personal decision-making and each believed that people have a **RESPONSIBILITY** to choose and use information selectively. Equally important, the facilitators believed that all people, regardless of age, have both the desire and the ability to learn about health care.

The intentions of the MSHC self-care project were to encourage each facilitator in her[1] self-care instructional efforts and to provide assistance, including a program development and teaching guide. The written material provided to course facilitators and coordinators was compiled from numerous sources and was presented in a format adaptable to teaching self-care. During the two-year project, the guide was evaluated by health professionals and was revised twice. These materials are presented in outline form in this book as an aid to those who want to do self-care instruction for senior citizens. The texts do not assume prior teaching experience or awareness of other community events. To limit self-care education to what is in this guide would be to ignore local opportunities for individual activation through day-to-day health activities and decision making. This guide is limited by time and space, but each topic alerts the reader to important self-care messages. It is left to the readers to determine participants' interests, seek more information as necessary, and devise specific teaching plans.

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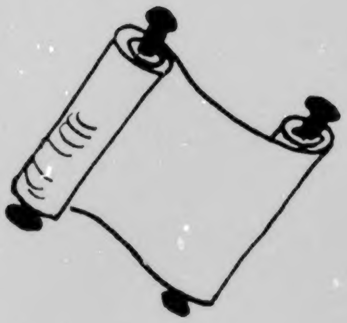
[1] In fact, all facilitators in the project were women.



PATIENT ACTIVATED CARE
WHAT IT IS AND WHAT IT IS NOT

Department of Health and Human Services' Secretary Richard S. Schweiker said of older Americans, "Many still cling to the belief that their health is at the mercy of their genes, or solely in the hands of their doctor. Many think that their health is beyond their control . . .".[1] This clearly suggests the need for patient activated care or self-care[2] because, while heredity and other circumstances are beyond the control of the individual, there is much that a person can do to protect health before, during, and after illness. It surprises many to learn that the role of the individual is generally more important than that of physicians. Even when a physician is consulted, self-responsibility is crucial. Will the patient heed the advice given, ask questions important to his/her understanding of the diagnosed condition, seek a second opinion for elective surgery, take medication as prescribed, and/or make essential lifestyle changes?

SELF-CARE refers to activities performed by individuals on behalf or their own or others' well-being. Some of the activities (e.g., basic physical exam procedures) are performed by individuals as a substitute for traditional professional care. Some are performed to complement professional care. Activities range from prevention, early detection, and treatment of illness to the management of chronic or post-surgical conditions.

It is not always easy to distinguish among behaviors to determine which are sensible and which are not. A moderate view of self-care has common sense as its cornerstone. Our intention is to make common sense more common! The self-care philosophy described in this book does not advocate searching outside of the traditional medical establishment for appropriate, necessary care. Unorthodox approaches to wellness and healing are not part of this guide. Instead, the objective is to strengthen the relationship between individuals and their health care providers. A partnership, one of mutual respect, enables people to make mature contributions to their own health care.

Dr. Keith Sehnert, physician/author, and early advocate of a self-care philosophy and instruction expressed the partnership objective quite clearly. In his book, **How To Be Your Own Doctor (Sometimes)**, he says:

> . . . the storm of consumerism that has swept the United States has already established a consumer presence in everything — from department stores and auto assembly lines to health clinics. The next logical step is the patient's right to know — to be educated. As a purchaser of a pair of pajamas for a young daughter, the consumer wants to know what it's made of. Is it safe, flame resistant, machine washable? As a health purchaser, he wants to know what kind of pills he's taking, and what side effects they may have on his body. That doesn't mean he wants to bypass the

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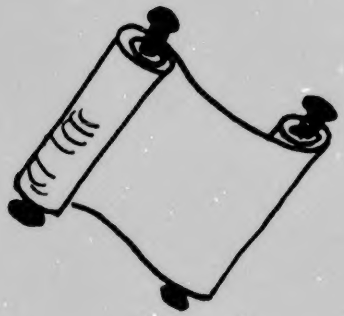
[1] National Council on the Aging Conference, *Older American News*, December 1981.

[2] Patient activated care is chosen as a title because the word 'activated' contrasts well with the passivity many people display in the doctor's office. While the phrase 'medical self-care' does not relate the 'active' notion, it does have the advantage of being applicable to all occasions, both inside and outside of the doctor's office.

> department store and manufacture his own clothes, nor that he wants to bypass the M.D. and be his own doctor all the time. He just wants to be a partner in the things that affect his life — and nothing does, more than his health.[1]

Other goals of self-care instruction are to increase knowledge and skills with the following objectives:

1. Participants will practice preventive health measures more conscientiously and with greater understanding and confidence.
2. Participants will learn to recognize symptoms of common diseases.
3. Participants will learn to perform simple diagnostic procedures.
4. Participants will learn to judge the need for, and appropriateness of, visits to health care professionals.



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[1] Sehnert, Keith W., M.D. with Howard Eisenberg, **How To Be Your Own Doctor (Sometimes)**, New York; Grosset and Dunlap, 1975, p.6. (Revised 1981).

WHY TEACH SELF-CARE FOR THE ELDERLY?

Self-care is appropriate for all age groups, from children learning sensible eating habits to senior citizens managing arthritis at home. There are some reasons why self-care has a special significance for older people and these reasons are useful if it becomes necessary to convince people of the need for a self-care class.

(1) The U.S. population is getting older. In 1978, one in every nine persons was over 65. At present death rates, the older population will increase 32 percent by the year 2000. They will represent from 12.2 percent to 12.9 percent of the total population.[1]

(2) Older people are more frequent users of health services than younger people. Older people have more physician visits per year than those under 65 and a greater chance of being hospitalized during the year. The per capita health care cost for older persons was two and half times that spent for younger adults in 1977.

(3) The chronic conditions associated with old age are incurable. They are amenable to treatment, however, and they demand one's personal attention to prevent disability. At the turn of the century, acute illnesses such as cholera and influenza took many lives. Today, we have immunizations, some safety standards in industry, better sanitation, and better nutrition. We live longer and increase our chances of acquiring an incurable chronic condition. Doctors and other health professionals can advise people about symptom relief and rehabilitation, but treatment requires a responsible attitude.

(4) Doctors interested in the problems of older people are hard to find. The body systems do decline with old age, and some physicians don't find the treatment of associated disorders to be interesting or challenging. It requires a good self-care attitude to search for an appropriate, responsive health care provider.

(5) Many senior citizens passively accept what they believe to be the inevitable discomfort and illness of old age. Hence, they are shy about asking questions for clarification or seeking other opinions.

(6) Our society has unfairly created an image of modern medical technology and practitioners as all-knowing and all-powerful. We expect that cure and prevention of illness is in the hands of others with no implication of personal responsibility. Older people are less likely to question the images of medicine that society has built and some doctors readily display.

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[1] For the pamphlet, "Facts about Older Americans 1979", write Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Request pamphlet HHS publication No. 80-20006.

HOW TO TEACH: LEARNING IS AN INTERACTIVE PROCESS

Most of us spent our school days in rows facing our teachers, taking notes, and listening with varied degrees of attentiveness. We were free to drift off as we pleased (ever mindful of the possibility we would be called upon to answer a question), and we had very little communication with our fellow students or instructors. Some educators have broken from this teaching routine, but education is generally thought of in the traditional sense just described. Older people, having had formal education years ago, are less aware of and less comfortable with alternative methods of education that are now being employed.

In order to understand what is referred to in this guide as an "interactive" process of learning, note these nine principles of learning:[1]

(1) **Learning is activated by the learner:** Learning cannot be imposed by a teacher. People learn what they want to learn, see what they want to see, and hear what they want to hear.

(2) **Learning requires personal interest in the material:** Concepts, knowledge, and skills are more readily accepted if they are relevant to the needs and problems of the learner.

(3) **Learning is a consequence of experience:** People don't change their behavior merely because someone tells them to do so. People must experience responsibility and independence in order to develop these qualities.

(4) **Learning is cooperative:** Interacting with others causes people to be more curious and creative. Cooperation enhances the desire to set goals, plan, and try different approaches to solving problems.

(5) **Learning requires time and patience:** Free and open communication, respect, acceptance, and the right to make mistakes are all important parts of the atmosphere in which learning takes place.

(6) **Learning is sometimes painful:** It isn't easy for people to discard familiar ways of doing things and try out new behavior.

(7) **The learner is his own resource:** The learner's experiences, attitudes, and ideas need to be drawn upon for learning and problem-solving.

(8) **Learning is emotional as well as intellectual:** Learning is greatest when a person's feelings and thoughts are in harmony.

(9) **Learning and problem solving are unique to the individual:** Once people become aware of their personal styles of learning, they open themselves to other styles and increase their effectiveness.

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[1] Summarized from an article by Gerald J. Pine and Peter J. Horn, *Adult Leadership*, October 1969, pp. 108-110.

The above principles of learning have been summarized so that you will be aware of them when you plan each session. Here is a broad format for incorporating them into a program.

A Facilitator's Guide to Teaching Self-Care (A Five-Point Process)

STEPS	ILLUSTRATIONS
1. **Needs Assessment** Find out what participants already know, what they what to learn, and what you perceive they should learn. Optimally, an assessment is carried out before the session to allow the facilitator enough time for preparation. An on-the-spot assessment has value as well.	Use a life assessment questionnaire, health habits quiz, or some other assessment technique which documents behavior and knowledge. This can be done before beginning the course. On-the-spot assessments are also valuable. For example, if you are covering the measurement of blood pressure, you'll want to know how many people own cuffs, who has hypertension, what knowledge/misconceptions people have about BP measurements, and so on.
2. **Imparting Information** The content material of your subject should be presented **briefly**. The words of Alexander Pope are appropriate: "Words are like leaves And where they most abound Much fruit of sense is rarely found."	Assigned reading can influence the manner in which people respond to your presentation. Visual aids are helpful if not overused. In our blood pressure example, you would explain what blood pressure is, what the readings pertain to in an individual's life, and how blood pressure is affected by the aging process.
3. **Demonstration** Everything can and should be demonstrated, whether it is an obvious skill like taking a temperature or a less easily defined one like talking to a doctor.	For our example, display different cuffs and have volunteers self-administer a BP check with your assistance.
4. **Practice** Everyone should be given the opportunity to practice the skill without being forced to do so. Watch for those whose interest flags. Find out why (gently!).	Small groups work best because very few people like to perform in front of large groups. Small groups afford the opportunity of close observation by other group members.

5. Dialogue

Every practice session should be followed immediately by discussion. Ideas, problems, fears, and level of satisfaction surface in discussions which encourage open, uncritical communication.

If you invited a guest to conduct a portion of this session, this person should **not** be present for the discussion. It's difficult to speak freely in front of strangers. One might think blood pressure reading skills leave very little to talk about, but there are some important questions:

(1) How do you — the participant — feel about using what is considered to be a doctor's tool? You can't learn the skill in one session, so what's the purpose?

(2) What kind of assistance is available in the community to help you perfect your skills? Could a self-help group be set up?

(3) What reaction might you expect from your physician when you tell him/her that you use a blood pressure cuff?

(4) What problems might keep you from taking your own BP? (Hearing problems, cost of BP cuff, etc.)

A SAMPLE LESSON PLAN: FOR HOUR ONE OF A TWO-HOUR CLASS

Session #4	Title: DOCTORS AND HOSPITALS		
Topic: The Office Visit			
Objective: Participants will demonstrate knowledge of the different activities that occur during a visit to their physician.			
Content	Student Activity/Methodology	Materials	Time
Ask volunteers to recount a recent visit to a doctor. Write the major elements of that visit on the board.	Monologue/Dialogue	Flip chart/ blackboard	10 minutes
Outline and briefly describe the major components of an office visit.	Lecture	Previous reading of **Take Care of Yourself**[1] Chapter 6	15 minutes
The "story" behind chief complaint. In relating problem to doctor, remember: 1) define starting point of illness; 2) give chronological order of events; 3) don't include irrelevant details; 4) don't hide embarrassing details or fear asking questions	Form small groups, and ask participants to sketch the highlights of a past illness or a common one that interests them. Ask one or two participants to report to the class, as he/she would to a doctor. **Alternative:** Have participants act out an office visit in small groups with an observer in each group who will report to the class later.	Writing materials	15 minutes for group session; 10 minutes for reporting 10 minutes for reporting
Discussion to follow small group events.			10 minutes
Notes: Students decided to make a list of questions they would ask the MD before leaving the office.			

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[1] Vickery, Donald M., M.D., and James F. Fries, M.D., **Take Care of Yourself: A Consumer's Guide to Medical Care**, Addison-Wesley Publishing Company, Massachusettes, 1977 (Revised 1981).

TIPS ON CONDUCTING SESSIONS

Keep blank lesson plan forms for creating sessions. The health council or program sponsor can read the plans before the class and make valuable suggestions on class development. When you create lesson plans and conduct sessions, be mindful of the following questions and needs:

- Will everyone be able to see and hear you as you shift from one activity to another?
- Is your classroom suitable for the planned activities? Does your classroom have adult-sized chairs which can be moved into circles? Are there rugs on the floor for exercises? Is it warm enough and free from noise and other distractions?
- Is there enough variety in your teaching methods to keep participants' enthusiasm?
- Are you frequently checking to see that participants' own needs are being met? Post written goals on the wall and refer to them.
- **Stay Ahead:** Plan a few sessions ahead. You should always know what is to be done a few weeks in advance so that you can, for example, arrange for guest lecturers if necessary, ask that participants read an article, bring something to class, or gather information.
- **Review and Remind:** Begin every session with a review of the previous week, answering any questions. Have answers ready for questions that you could not answer the previous week. End every session with a review of the goals accomplished and a preview of the upcoming session. Give reading and/or other home assignment information.
- **Be Punctual:** As program participants have other responsibilities, try to begin and end classes on schedule, even if activities cannot fit into your time frame for them.
- **Schedule Breaks:** Two-hour classes are long, so schedule a 10-15 minute break time near the middle of each class. The breaks can be structured, or they can be free time.
- **Be Supportive of Self-Care Activities:** A Patient Activated Care Program is the first step in self-care for many of those attending your classes. Encourage and aid other self-care activities, such as those suggested in this book's session-by-session outlines: blood pressure monitoring, self-care groups for those with chronic illnesses, and building a health information library for the senior center.

In sessions which involve learning many skills, the five-point process may be used more than once. The five points should govern the development of lesson plans for each session. The lesson plan is important for a number of reasons:

(1) It allows you to establish observable goals so that you can determine if the session met your original intentions or if some "catch-up" is needed.

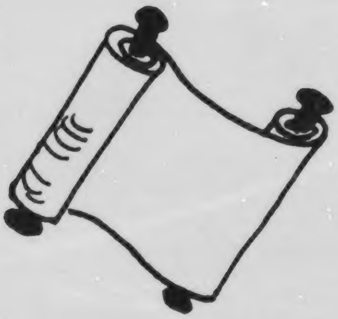
(2) It delineates the specific tasks you want participants to practice.

(3) It establishes a time frame within which you can accomplish various activities.

(4) It helps you decide what materials are necessary for the session.

(5) It allows you to determine specifically where the session needs revision for future programs.

Allow for the possibility that the session will not go as well as planned. One way to guard against a majority of unforeseen problems is to conduct practice sessions. You can arrange to teach some self-care skills for students at a local school, or you might teach one session as an advertisement for a class series.



GETTING STARTED: PROGRAM DEVELOPMENT

A program's success depends upon cooperation. A health advisory council, primary facilitator, and program coordinator are all essential to the development of a program.

Health Advisory Council

If there is an advisory council which chooses and coordinates health-related activities for seniors (at a senior citizen center, for example), this group can be the steering committee for the Patient Activated Care Program. If there is no council or governing body to take the responsibility, a council should be created. Four or five persons and the primary facilitator and coordinator are an optimal number.

Selection of Council Members. While the program is designed specifically for seniors, a broader community support is important. The support of those in the medical community is especially vital. A good council member, then, is one who has been actively involved in senior **and** general community events. A health professional or a person familiar with local doctors, nurses, and public health department employees would be invaluable.

Tasks and Guidelines

Choosing a facilitator. The term "facilitator" is used in this guide to describe the person who instructs the class. "Facilitator" accurately portrays the role of a person who teaches by interaction. A successful program requires one facilitator who is willing to take over-all responsibility for conducting the program. This person could be an employed or retired health professional such as an R.N., nurse practitioner, or physician. The primary facilitator may not feel comfortable or qualified to teach every session of the program and can rely upon other local health professionals for specific topics within certain sessions.

Some self-care programs use lay people as facilitators and make frequent or constant use of guest health professionals. This method is not advisable from our experience. The use of too many health professionals can reinforce a belief that "experts" are frequently needed in life. Confidence in one's capacity for self-help is not encouraged by this format. Conversely, critics of our format believe that a lay facilitator develops a close relationship with program participants and strengthens the personal role in health care. Regardless of the merits of two formats, rural areas do not have many health professionals. Finding one competent individual to facilitate the course is a more workable alternative and causes fewer management problems.

How is an appropriate facilitator chosen? First, use the same criteria an elderly person would use to select a personal physician. Is the person interested in the problems of the elderly? Does he/she believe in the partnership aspect of health care? Is he/she respected in the community as technically competent and regarded as a "good listener"? Do not make the choice on the basis of credentials alone. Diplomas, degrees, or other titles in the delivery of medical or nursing care are not guarantees that a person will be a good facilitator. Finally, determine what the potential facilitator feels about the five-point process described above.

Choosing guest facilitators. The programs will appear as a series of unrelated topics in health unless the primary facilitator make his/her presence felt at every session. Introducing the guest speaker, preparing the participants for the guest's presentation, and tying the presentation to the rest of the session (and to other sessions) is important.

Recruitment of local health professionals as guest speakers is a joint responsibility of the Health Advisory Council and the primary facilitator. The teaching methods and guidelines proposed for the facilitator apply to all guests as well. As the one with over-all responsibility for the course, the facilitator should work towards unambiguous agreements with guests invited into the program. A brief sketch of things one should do, ask, or discuss with prospective guest health professional includes:

(1) Does this person understand the self-care concept as explained in this guide? Do you (the facilitator) think, from your efforts to orient this person, that he/she understands reliance on oneself and shared responsibility?

(2) Is the person willing to outline, on paper, the skills to impart and the content to cover (i.e., a lesson plan)?

(3) Will the presentation contain the five-point process defined in this guide or will the professional work with you to present within these guidelines?

(4) Have both of you come to a decision on the amount of time to be allotted for the presentation?

(5) Over-all, do you believe this person will encourage questions, stimulate discussion, and otherwise enhance the program?

(6) How would you feel taking **an entire course** with this person serving as facilitator?

It is best to rely on guests only when absolutely necessary. Despite the efforts a facilitator may take to assure a satisfactory performance, guests too frequently represent an unknown — it is seldom possible to know in advance what they will or will not do. Guests frequently provide too much material, a great deal of it irrelevant to self-care or beyond the needs of participants. Guests can do more harm than good by perpetuating the "expert" notion of health care.

Choosing a coordinator and outlining functions. The coordinator should be a senior citizen with demonstrated ability in coordinating community activities. The coordinator must understand the self-care concept and be able to speak about it to individuals and groups. Writing skills also are important. Specifically, the program development tasks of the coordinator are:

(1) **Pre-program publicity:** Depending upon the difficulty encountered in enrolling people for the program, the coordinator will be required to use a number of different techniques for pre-program publicity. Even if only minor difficulty is encountered in enrollment, the general public should be made aware of the self-care concept and the program.

Sponsors of events make extensive use of radio, newspapers, flyers and posters. It is natural for an event coordinator to want to reach a large number of people in an eye-catching way, but the success of such efforts depends upon the event. Sufficient enrollment in an arts and crafts class which appeals to a varied audience, for example, may only require a mention in a community education program bulletin. A radio message may draw a large audience to a two-hour speech.

Our experience has shown that public information in the form of radio, television, and newspapers contributes less to self-care class enrollment than other methods. Some reasons for this are that self-care programs for seniors concern only the 11 percent of the population in an area who are seniors; the program requires a long (ten-week) commitment; self-care concepts are not readily understood or accepted; and, self-care classes are often perceived as less enjoyable than other classes which compete for people's attention.

Whatever the reasons, our enrollment survey of self-care classes held in rural areas revealed the following:

Percentage of Total Enrollment	Information Source
40	Personal contact
25	Letters from a health facility to select individuals
15	Speeches at civic social clubs
10	Newspaper articles and brochures
10	Radio public service announcements

The most effective method, personal contact, requires much time but proves worthwhile. Once a coordinator is familiar with what a self-care program teaches, appeals can be made to the specific health concerns of people. If the coordinator uses other people to help make personal contact, these people too must understand fully the self-care course and concept. Carrying cards or papers with simple self-care messages will communicate ideas effectively.

Letters to selected individuals can account for 25 percent of the enrollment of a self-care class. The mail out had a 20 percent response rate as represented by people joining the class. A coordinator may have to convince a clinic's staff or hospital board to provide lists of patients from which individuals most in need of the class can be identified. A sample announcement letter is shown on page 19. If funds permit, a return postcard can be enclosed with the letter.

Speeches at civic and social clubs are effective if self-care tools and textbooks can be displayed. A demonstration of a self-care skill will build interest. The speaker should be available to talk with individuals after the club's regular business is concluded.

Sample newspaper releases are included on pages 20-22. Newspapers vary in policy. Editors may wish to have the article(s) written by their staffs or they may prefer to edit submitted copy. Arrange for early publicity to be followed by articles close to the date of the program's first session.

The coordinator may be able to leave brochures in waiting rooms of hospitals, clinics, and physicians' offices. Hospitals and clinic staff can be persuasive. If staff agree to speak to their senior clients about the program, enrollment can be greatly enhanced. Public health departments and physicians' offices offer the same enrollment opportunities. Think of news articles and brochures as a reinforcement for what a person has already heard rather than as the main enrollment technique.

Finally, don't ignore the potential of radio. Many radio stations provide free public service announcements for community service activities. As with newspapers, some stations may wish to write the announcement based on information supplied by the program coordinator.

(2) **Facilities:** The coordinator should arrange for the use of an easily accessible, comfortable meeting space equipped with chairs and tables capable of accommodating up to 30 people. The chairs should be moveable. Circular or semi-circular seating arrangements are best for most sessions since this lessens the traditional student-teacher gap. On occasion, seats will need to be separated in groups of two or three with space between each group. A large room is ideal. The quality of the program is enhanced by a well-lighted, well-ventilated room that participants will perceive as a neutral environment. A conference room at a hospital or nursing home is an excellent choice as it helps people think of the facility in terms of wellness rather than illness.

(3) **Materials:** The coordinator should arrange for the use of videotape playback equipment, a film projector, and an overhead projector. A blackboard or flipchart is essential.

(4) **Enrollment:** The coordinator should be responsible for pre-registering at least 30 senior citizens for the program. It is likely that some people will be absent from sessions on occasion, so a small over-enrollment does not pose a serious problem. In our experience, seniors attend 70 to 80 percent of the sessions. Enrollment very early in the program development stage is desirable because it helps people plan and save for the enrollment fee. Fees need not be collected before the program begins, thus giving some participants more time to pay in installments over the ten weeks, or simply to save the money. The fee should be set high enough to discourage enrollment of those not truly committed to learning self-care, but it should not be so high as to exclude those with financial constraints. Registration fees in our classes ranged from $5 to $20. Sliding fee scales and free enrollment for certain individuals have been tried with success. Confidentiality is important if fees differ among registrants. Local clubs and businesses might offer scholarships to some of their members and patrons if the need is brought to their attention.

(5) **Transportation:** During the enrollment period, the coordinator should determine the transportation needs. Letting people know that transportation is available will enhance enrollment. The least expensive way to provide transportation is the carpool method. Rely first on those who are

driving to the class, then, if necessary, enlist the support of the senior center or other public service which provides transportation.

(6) **Session Activities:** The coordinator should be present at all sessions to enroll newcomers (within the first two sessions), pass out materials, arrange furniture and video equipment, keep weekly attendance records, and aid the facilitator and participants in other ways. If the task is not otherwise assigned, the coordinator should report each session's activities to the local newspaper. A sample news release is illustrated on pages 23-24.

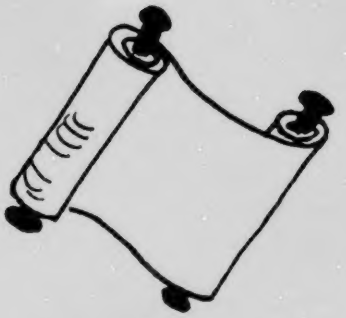
Determining time, place, and dates of program. If it is decided that the class will include only retired persons, and if the facilitator has no other daytime responsibilities, a morning or afternoon program should be considered. In most cases, however, evenings will be preferred to accommodate those who work. **The program should not be held in conjunction with the senior center's meal-time activities.** While it is tempting and convenient to conduct the program before or after the mealtime, it is not advisable. Those enrolled in the program are making a special commitment, and the effort they expend to come out for a specific activity such as self-care should be acknowledged. Its importance should not be diminished by adding it to another event. Classes following a scheduled meal-time give diners the chance to pick and choose among sessions and can undermine the integrity of sessions and the over-all purpose of the program. Additionally, the anticipation or digestion of food will distract people from the learning tasks. Facilitators who have conducted self-care programs in the past two years have found it best to have ten two-hour sessions held once a week in the evening.

Choosing sessions. Offering a ten-session course is an arbitrary choice. Most facilitators and participants find ten sessions to be sufficient, though some consider this too long and a few thought it too short. There are 13 sessions outlined in this guide. The facilitator, with the aid of the council, can modify the sessions to fit local requirements. Sessions can be eliminated entirely or in part, and remaining portions can be combined. An early assessment of need will aid the selection of appropriate sessions. **We suggest that sessions which deal specifically with the self-care concept, the subject of communication, and the development of personal self-care plans not be eliminated.**

Pre-program publicity and enrollment. Personal contact by the coordinator or designates is the best method of enrollment in a small community. Local media can make the public aware of the program, but personal contact is the decisive factor in enrollment. One person should be in charge of publicity to ensure that the messages pertaining to the class are clear. Publicity is discussed in detail as part of the coordinator's functions.

Administering and evaluating the Personal Health Assessment. A personal health assessment can be designed from suggestions in this guide (pages 25-27). The assessment should document health attitudes, knowledge, and behavior. It can be given to course enrollees and prospective enrollees as both a needs assessment tool and a means of stimulating interest in the class. The results, tabulated and discussed by the council in advance of the start of the program, are valuable in selecting class material. Minor modifications in the schedule can be made as the program progresses and participants speak more freely about their needs.

Weekly news articles. One purpose of having a self-care course is to bring the self-care concept to the attention of the general public and promote future programs in the community. Council members could each attend one session and prepare an article for the local newspaper.



SAMPLE LETTER TO PROSPECTIVE ENROLLEES

Dear :

Did you know that some visits made to physicians are **unnecessary**? This may surprise you even more if you determine how much wasted time and money this represents. However, you can learn to differentiate between illnesses which may be safely treated at home and those illnesses which, for specific reasons, require the consultation of a doctor.

Beginning April 15 at 7 p.m., as part of the Senior Center's activities there will be a ten-week Self-Care Workshop conducted by Jane Doe, Family Nurse Practitioner. Here are just a few of the things you can expect to learn in these ten evening classes held at the public library:

- Learn how to perform a home physical exam. Not only will you be able to detect illnesses earlier, you will learn when it is **really** necessary to see your doctor, or when you can effectively and safely treat yourself.
- Did you ever feel that you had nothing to contribute during a visit to your doctor's office? The Self-Care Workshop teaches you how to keep accurate health records at home. As a result you and your doctor, working together, have a much better picture of the illness symptoms and their cause.
- Learn simple treatment procedures for backaches, headaches, abdominal and respiratory problems, emergencies, injuries, and more. Learn a useable skill at every session.

Becoming responsible for your own health takes little time and is an exciting adventure. You become a responsible part of your own good health maintenance and you free physicians to practice the most worthwhile type of medicine in your community.

The cost of the entire ten-week course is $ ______ . This fee covers ten classes and the price of your personal copy of the course textbook, an easy-to-understand reference guide to help you maintain good health. Class enrollment is limited to 30. There will be some lectures, discussions, demonstrations, and a lot of practice!

On behalf of the Health Department and Senior Center, I strongly urge you to attend this most worthwhile learning experience. Please fill out the enclosed post card and return it as soon as possible to reserve your place. If you have any questions, please don't hesitate to call.

Sincerely,
Jane Doe
Health Department
555-3040

SAMPLE NEWS RELEASE

July 30, 1985

Contact: Jane Doe
City Senior Center
15 Main Street
Anytown, AW
555-4316

FOR IMMEDIATE RELEASE

SELF-CARE FOR SENIORS

Beginning April 15 at 7 p.m., the Senior Center will sponsor a Self-Care Workshop. The workshop will be conducted in ten weekly evening sessions, and the instructor is Joan Doe, a family nurse practitioner at the Town Medical Center.

What is the Self-Care Workshop? Unlike many classes in health care, the Self-Care Workshop is **not** simply a lecture. Each week, with the aid of demonstrations, discussion, practice, and careful guidance, seniors will learn the **skills** necessary for continued good health. For example:

- Learn how to perform **a home physical exam** on yourself. Not only will you be able to detect illness earlier, you will learn when it is **really** necessary to see your doctor, or when you can effectively and safely treat yourself. The result is money saved and a worthwhile trip for professional care when you need it.
- Did you ever feel you had nothing to contribute during a visit to your doctor's office? Self-Care teaches you how to keep very accurate health records at home. As a result you and your doctor, working together, have a much better picture of illness symptoms and their cause. You now become an active participant in maintaining good health.
- Learn simple treatment procedures for backaches, headaches, abdominal and respiratory problems, emergencies, injuries and more. Learn a useable skill at every session.

You depend upon yourself for so many things in life, why not for your own health and well-being?

The cost of the entire course is $ ______ . This fee includes ten sessions and your personal copy of the textbook, a direct and information-packed guide to good health which will serve as a handy reference guide for years to come. Those who complete the course will also receive a Certificate of Achievement.

Participants are expected to attend the entire series of classes in order to receive the full benefit of the program. Watch for information concerning time, date, place, and registration.

DON'T THINK ABOUT YOUR HEALTH ONLY AFTER YOU HAVE LOST IT!!

---End---

SAMPLE NEWS RELEASE

July 30, 1985

Contact: John Doe
Local Senior Citizen Center
15 Main Street
Anytown, AW
555-4316

FOR IMMEDIATE RELEASE

PORTRAIT OF AN ACTIVATED PATIENT

"Most Americans," contends Keith W. Sehnert, M.D., "know more about their automobiles than their own bodies." In 1970, Dr. Sehnert began a modest experiment to educate people in a semi-rural town of northern Virginia. The product, a Course for Activated Patients, has since become a model for patient education all over the country.

What does it mean to become an Activated Patient? Dr. Sehnert describes the Activated Patient as " . . . a kind of hearty hybrid who is three-quarters patient and one-quarter physician. They've learned to speak the doctor's own language, and ask him questions rather than passively sit, honor, and obey. They've learned to check vital signs, the first signs of a coronary, and how to tell whether a sinus problem is an allergy or a common cold by the color of the mucous membrane of the nose. They've learned Body Talk — that special language of symptoms that enables them to know what an ache or pain is saying. And they are playing an important and needed role in a health partnership with their doctors."

Activated Patients learn to differentiate between the common self-limiting illnesses that occur and those that require a visit to their physician. They learn simple home treatment procedures for certain backaches, headaches, abdominal problems, emergencies and injuries. They learn how to perform a home physical exam, keep useful medical records at home, and accurately report illness symptoms to their doctors.

Activated Patients, as Dr. Sehnert humorously remarked, "don't learn how to take out their own appendix, or how to do open-heart surgery on their friends for fun and profit." Rather, as one of Dr. Sehnert's Activated Patients summed up, "My medical knowledge is really just a thimbleful. But the understanding you get of how the body works gives you the self-assurance you need to be able to handle a medical problem calmly."

Beginning April 15, the Health Department in Anytown and the Senior Center will co-sponsor a Self-Care Workshop to "activate" interested community seniors. The workshop consists of ten two-hour sessions held on Thursday evenings at the Public Library meeting room.

Mrs. Joan Doe, a Family Nurse Practitioner, will be the instructor, assisted by other local health care professionals for certain subjects. Mrs. Doe recently became a Public Health Nurse for the local Health Department and was formerly a nurse practitioner with the Town Medical Center.

---More---

The self-care workshop is open to all seniors and enrollment is limited to 30. The material to be covered is especially designed for the seniors of this area. Registration fee is $ ______ per participant for the entire course. Each participant will receive a copy of the textbook for the course which serves as a personal health reference guide. An achievement award will be presented to those who complete the course.

For registration or additional information call the Health Department (555-2122) during regular business hours. The public may also register with John Doe at the Senior Center (555-4316).

---End---

SAMPLE NEWS RELEASE

July 30, 1985
Contact: John Doe
City Senior Center
15 Main Street
Anytown, AW
555-4316

FOR IMMEDIATE RELEASE

WORKSHOP ADVISES KEEP MEDICINE CABINET CLEAN

"When you reach for the toothpaste in your medicine cabinet, pay attention to what you push aside," participants in the latest self-care workshop were advised by Joan Doe, public health nurse.

"People have a jumble of old bottles and containers without labels in their home medicine chest. Everyone should make a periodic check and throw out unidentified and out-dated prescription medicines," she advised.

How to stock a medicine cabinet was one of the topics discussed last Thursday at the Self-Care Workshop for Senior Citizens. The workshop teaches self-reliance in health care while educating people about making appropriate and wise use of visits to doctors and other health professionals.

Two class participants brought the contents of their medicine cabinets and displayed them for the group. The total number of glass and plastic containers, tubes, creams, and lotions easily exceeded 50, but there really were only seven basic drugs recommended for home use: an aspirin or aspirin substitute, an antacid, an antidiarrheal remedy, an ordinary calamine lotion, an antiseptic, a decongestant, and a laxative.

People often keep antibiotics in their medicine cabinets, usually leftovers from previous illnesses.

"This is not wise," according to Ms. Doe. "Antibiotics are prescribed for a specific illness, and you should complete your medication as directed by a health professional. Unused prescriptions should be flushed down the drain. You should never consider yourself competent to prescribe the use of these drugs for yourself or others, even if you think you have an identical illness or symptoms. Being your own doctor implies that you have the common sense to see a real one when necessary, and in the case of antibiotic use, you need professional advice."

Prescription drugs — should you buy generic or brand names? "Generic" refers to the contents of the items, while a "brand name" refers to a product with a registered trademark.

While there is controversy, Dr. Henry D. Simmons, head of the Food and Drug Administration's Bureau of Drugs in 1972, stated, "On the basis of data we have accrued to date we cannot conclude there is significant difference in quality between generic and brand name product tested."

---More---

If your pharmacy stocks a generic equivalent of a brand name drug, it should be just that — equivalent. "Here is a rule-of-thumb to follow," according to Ms. Doe, "when your health professional prescribes a drug, ask if a generic form can be substituted for the brand name. The practitioner will indicate on the prescription which drug — generic or brand name — should be purchased, and your pharmacist is obligated under law to follow these directions. Additionally, before leaving the office, make sure you know the name of the drug, the purpose for taking it, what possible side effects, if any, are associated with its use, and all specific instructions on how to take it."

A videotape covered the treatment of many simple respiratory problems. The film narrator cautioned against the overuse of nose drops, as abuse of this drug sometimes results in a rebound effect — the membrane of the nose will swell when the drops are discontinued.

Concerning coughs, the best treatment is to add moisture to the air, which often brings great relief to the throat lining. Vaporizers and humidifiers are adequate for this, and the latter is preferred as there is no danger of being burned by hot water. A cough lasting five days requires the consultation of a doctor, as does the presence of green or bloody sputum.

"Common sense and water," concluded the narrator, "are the best home treatments."

The session ended with everyone examining noses and throats with penlights and tongue depressors. "The normal color of the nose lining," said Ms. Doe, "is pink and shiny. A pale, swollen, water-logged surface may indicate allergy, while bright red and shiny mucosa is most likely caused by bacterial infection. When examining the throat for possible strep infection, look for a red surface with patches of yellow or white exudate."

The next workshop session will examine some of the drugs most commonly taken by seniors.

---End---

INTEREST SURVEY
A Personal Health Assessment

A medical self-care course is being offered in your community. The course facilitator will plan each session to meet the needs of class participants. With this in mind, please fill in the following information. This is not a test, and there is no need for your name. Even if you have not made a decision about taking the course, please take part in this survey of health needs. Thank you.

(Circle "yes" or "no" for each item.)

1. Do you regularly walk, swim, ride a bike, or participate in some form of planned exercise? YES NO
2. Do you take vitamins not ordered by a physician? YES NO
3. Do you generally eat breakfast? YES NO
4. Is mealtime usually enjoyable? YES NO
5. Are you dieting now or have you tried to lose weight in the last year? YES NO
6. Are you aware of any home hazards that should be corrected? YES NO
7. Do you wear dentures? YES NO
8. Do you like the appearance of your mouth? YES NO
9. Do you brush and floss daily? YES NO
10. Do you have a good appetite? YES NO
11. When you shop, do you read the ingredients labels? YES NO
12. Do you smoke? YES NO
13. Are you currently taking prescription medicine? YES NO
    (If so, how many different drugs are you taking? Write in amount ______)
14. Do you frequently take non-prescription ("over-the-counter") medicine? YES NO
15. In a week's time, do you average more than one alcoholic drink per day? YES NO
16. Does anxiety or depression interfere with your daily activities? YES NO
17. Do you have trouble falling asleep or getting a full night's rest? YES NO
18. Do you live alone? YES NO
19. Are you retired? YES NO
20. Do you know basic first-aid procedures? YES NO

21. Do you keep health records at home? YES NO

22. Have you ever taken your (or someone else's) blood pressure? YES NO

23. Do you own a blood pressure cuff? YES NO

24. Do you know your blood pressure? YES NO

25. Do you own a thermometer? YES NO

26. Can you measure respiration rates? YES NO

27. Can you measure pulse rates? YES NO

WOMEN ONLY

28. Has a health professional examined your breasts in the past year? YES NO

29. Do you perform a monthly breast self exam? YES NO

30. Have you had a Pap test in the last three years? YES NO

31. Have you had a cancer check up in the past year? YES NO

32. Which of the following best describes your health? (check one)

______ excellent ______ good ______ average

______ below average ______ poor

33. List the major complaint(s) you have about your health, beginning with what you believe is the most serious.

1) ______________________________

2) ______________________________

3) ______________________________

4) ______________________________

34. Do you suspect that you don't see as well as you should? YES NO

35. Have you had a test for glaucoma in the past year? YES NO

36. Do you suspect that you don't hear as well as you should? YES NO

37. Are you satisfied with the relationship you have with your doctor? YES NO

38. How many times have you seen a doctor in the past twelve months? Write number here ______

39. If you were able to improve one aspect of your relationship with the doctor, what would that be? Please describe.

40. Has there been a recent death in your family? YES NO

41. Has there been a recent serious illness in your family? YES NO

Place a check mark before any of these chronic conditions which affect you.

42. _____ Osteoarthritis
43. _____ Cancer
44. _____ Diabetes
45. _____ Kidney Disease
46. _____ Disability due to Stroke
47. _____ Allergies
48. _____ Chronic Bronchitis
49. _____ Frequent Depression
50. _____ Rheumatoid Arthritis
51. _____ Coronary Heart Disease
52. _____ Hypertension
53. _____ Prostate Problems
54. _____ Overweight
55. _____ Gout
56. _____ Emphysema
57. _____ Frequent Anxiety

Do you plan to take the self-care course? YES NO

If you choose to take the self-care course, what do you expect to learn from it? Please use the space below for your answer.

If you choose **not** to take the course, is there any reason you wish to give for your decision?

PLANNING AND CONDUCTING THE PATIENT ACTIVATED CARE PROGRAM
* AN ACTIVITIES CHECKLIST *

Months/Weeks Before First Session*	Activities	Person/People Responsible
3 Months	Select Health Advisory Council, primary Facilitator, and Coordinator.	Program Sponsor
	Review Course Guide contents. Select textbook and gather reference materials. Begin early, as this takes much time.	Facilitator Coordinator
	Determine time, dates, place of program. Consider transportation needs.	Advisory Council
2 Months	Provide basic review of program concept/content to members of medical community.	Facilitator Coordinator
	Determine program costs and fees.	Council
	Design publicity and begin enrollment.	Coordinator
	Administer the Personal Health Assessment (or another needs assessment tool) to enrollees and prospective enrollees.	Coordinator
	Summarize needs assessment data collected.	Coordinator
	Using needs assessment data choose ten sessions for program (from Course Guide) and begin lesson planning.	Facilitator
	Determine need for and select guest speakers.	Facilitator
1 Month	Orient guest speakers to concept, skills, and activities of the session segments they will conduct.	Facilitator
	Collect lesson plans from guest speakers.	Facilitator
2 Weeks	Finalize all lesson plans; conclude enrollment activities.	Facilitator Coordinator
1 Week	Have materials — texts, reference materials, films, blackboard, flipchart, etc. — available for sessions.	Coordinator
	Remind enrollees of program starting time/date with postcard and/or phone call.	Coordinator

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*The time necessary for the proper development of a course will vary from place to place. Our experience indicates that between two and three months were necessary for some, but others were able to develop the course in one month's time. Gathering reference materials is the most time consuming task.

TEXTBOOKS

Self-care education does not end with the conclusion of the class series. A course textbook serves to perpetuate one's interest in health and motivates one to meet the challenges of maintaining health. A text provides participants with a basic source of self-care literature and serves as a home diagnostic tool long after the course is completed.

All of the three texts listed below are useful, although each functions differently. Once the decision for a particular class text is made, at least one examination copy of each of the other two should be made available to the class. Some participants may want to purchase one or both for their own use. This observation applies to those books listed as "other useful references". Whether or not they are purchased for home libraries can be left up to the individuals. If enough individuals want a given book, it usually can be ordered with a quantity discount.

We urge that careful consideration be given to the choice of textbooks, and that class instruction be designed to familiarize the individual with the text's uses as well as its limitations.

The following annotations on three possible textbooks may assist you:

Healthwise Handbook by Toni M. Roberts, K.M. Tinker, and D.W. Kemper, Doubleday and Co., Inc., 1979. Available from Healthwise, Inc., 1612 N. 13th Street, Boise, ID 83702. $6.95*

In an uncomplicated narrative, this handbook discusses the recognition and treatment of common ailments, helping the reader determine in each case the appropriateness of home treatment and circumstances when professional help is advisable. Additionally, chapters cover home physical exams, dental care, nutrition, mental wellness, and other topics.

How To Be Your Own Doctor (Sometimes) by Keith Sehnert, M.D. with H. Eisenberg; Grosset and Dunlap, 1975 (Revised 1981). $7.95

Two books in one. In addition to a "Self-Help Medical Guide", there are chapters on rating your doctor, forming health partnerships with professionals, the annual checkup, and more. This is a very positive book that offers convincing evidence of self-care's worth.

Take Care of Yourself — A Consumer's Guide to Medical Care by Donald M. Vickery, M.D. and J.F. Fries, M.D.; Addison-Wesley Publishing Co., 1976. (Revised 1981.) $9.95

This book contains self-diagnosis charts for about 70 common medical problems. The charts indicate when you should use home treatment and when you should see a physician. Separate from the charts are chapters covering choice of doctor, the office visit, the home pharmacy, medical fraud, and more.

*Prices shown are current as of May, 1982.

OTHER USEFUL REFERENCES

Health care of the elderly frequently involves the use of medications and good references are provided by the following:

The Medicine Show by Consumer Reports Books, Box C-719, Brooklyn, NY 11250. A review of everyday health problems and a most critical look at over-the-counter drugs. Stresses the need for consumers to be knowledgeable in the health care product marketplace. Write for a book list of other Consumer Report's health-related publications.

The New Handbook of Prescription Drugs by Richard Burack, M.D., F.A.P.C. with F.J. Fox, M.D.: Ballantine, 1976. This pocketbook has a chapter which describes the use of many prescription drugs, lists drug equivalents, and generic names.

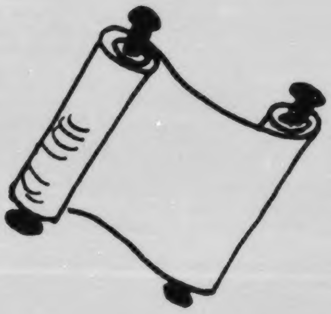
The People's Pharmacy - 2 by Joe Graedon; Avon, 1980. A guide to drug-drug interactions, and drug-food interactions. Of particular interest to seniors are chapters entitled 'Drugs and Older People', 'Arthritis', and 'Vitamins'.

GENERAL RESOURCES AND BIBLIOGRAPHIES

After 40 - Health and Medical Guide by Donald G. Cooley (Ed.) Better Homes and Gardens Books, 1980. Most people are familiar with Better Homes and Gardens' **Family Medical Guide.** The **After 40 Guide** deals with the body's systems relative to the changes and illnesses associated with aging.

Medical Self-Care Magazine. Issued quarterly. Write Medical Self-Care, P.O. Box 717, Inverness, CA 94937. The magazine focuses on the individual's role in health care and covers a range of health topics. 'Food and Health', 'Exercise as Self-Care', 'Teaching and Learning Self-Care', and 'Power to the Patient', are examples of recent issues' themes. Each issue contains several book reviews. Sample copies are available for $4.

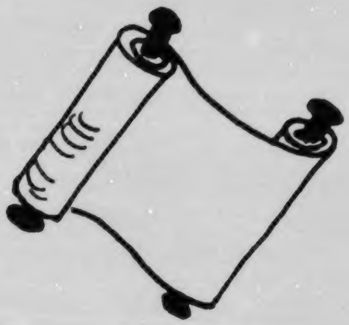
Self-Care: Access to Health Care Tools. Edited by Tom Ferguson, M.D. Summitt Books, 1980. Available from *Medical Self-Care Magazine.* The book is based on *Medical Self-Care Magazine* and contains some of the best articles from that publication. It also contains an extensive book review for each topic covered. Some topics: 'The Self-Care Concept'; 'Dying and Grieving'; 'Elders'; 'Psychological Self-Care'.



SESSION GUIDES: A NOTE TO READERS

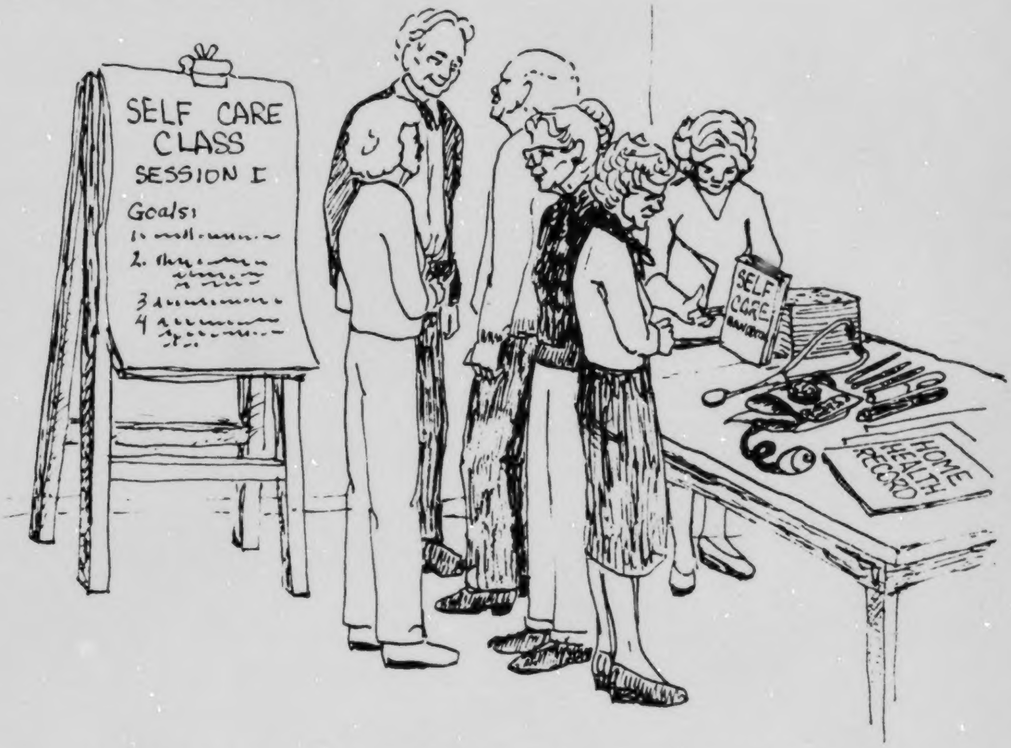
The following pages are a **guide,** not a series of lesson plans. Each of the separate sessions that follow does contain items found in a lesson plan — objectives, methods, reference material — but it is not expected that you rigidly follow the outline. The course guide offers a format for self-care instruction. It highlights those topics and concerns which have specific meaning for seniors, and it challenges you to develop an effective learning experience. Let your imagination and interests guide you and pay particular attention to what participants want.

We have emphasized the self-responsibility of personal health. This responsibility extends to what you and your class participants **read** as well as **do.** The material offered in this guide is not intended as medical advice for any specific condition because individual circumstances cannot be taken into account, but the well-informed individual can make sound judgments in favor of self-treatment or professional help for a condition that affects him. For any illness or condition that persists beyond a reasonable time, suggest that people seek a professional's opinion.



SESSION I: AN INTRODUCTION TO SELF-CARE

Patient Activated Care and Self-Care — What are they? What are the expectations for this class series? What physical changes can people expect as they get older? What does society think about the elderly?



BY THE END OF TODAY'S SESSION, PARTICIPANTS WILL BE ABLE TO:

- Describe self-care and how it differs from traditional health care.
- List goals for the class series — knowledge they want to learn, behaviors they want to change, and attitudes they want to adopt.
- Describe changes one undergoes with age.
- Complete a knowledge questionnaire.

MATERIALS AND RESOURCES FOR THIS CLASS:

Course textbook. (Most sessions can be identified with textbook sections.)

Personal health assessment summary.

Knowledge questionnaire.

Self-care tools: including blood pressure cuffs, otoscopes, penlights, and thermometers.

Blackboard, flipchart, masking tape, and notepaper.

REGISTRATION

Allow time to register class participants, collect any outstanding fees, and pass out textbooks. If the class is not significantly over-enrolled, admit those who have not pre-registered. You can expect that some people will not attend and that some will appear infrequently.

The self-care program will involve interaction among participants and they should become acquainted with one another. You need to consider this even if you present the program in a community where everyone knows each other. As people arrive, have each of them fill out the card below as a get-acquainted devise. Suggest that people circulate about the room reading the cards of people they do not know.

Name: ______________________________

Favorite leisure-time activity: ______________________________
____

Latest self-care activity I performed: ______________________________
____

Two things I really like about myself: ______________________________
____
____

One thing I like to find in others: ______________________________
____

Why I enrolled in this class and what I want to learn from it:
____
____

BEGINNING THE CLASS

This is the point at which you will set the atmosphere for the entire course and the importance of what you are about to do cannot be over-emphasized. Sit with your class members as part of the group instead of standing behind a lectern. Indicate that you are a part of the class not only to teach but to learn, also. You are a student of the class.

Suggest that people dress comfortably each week, because classes often include some physical activities. If people are unfamiliar with the meeting place, point out the restroom locations, water fountains, and exits. Check to see that transportation to and from home will not be a problem. Since each class will be about two hours long, you will want to have breaks of ten minutes or so about half-way through each session. Let the class decide upon refreshments — what they will be and how they will be furnished.

SELF-CARE PHILOSOPHY

Participants should be oriented to the underlying concepts of self-care, rather than to think of the class as a discussion of unrelated health topics. Help the group define **self-care** on the flipchart or blackboard by asking such questions as: What does self-care mean to you? Can you name some self-care activities? How would you practice self-care at the doctor's office and at the pharmacy? You then may wish to use the following summary of self-care:

> As you can see, there is really nothing new about self-care. People have been taking care of themselves for ages — that is, they observe symptons, make a diagnosis, decide upon treatment alternatives (self-medicate, or see a doctor), make lifestyle changes, and more. Older Americans, more so than younger generations, have relied upon individual knowledge either to prevent illnesses or to cure them. This self-care class will add to your skills by helping you to:

- become a more careful observer of clinical symptoms;
- learn to perform simple diagnostic procedures;
- form more satisfying relationships with health professionals including doctors, nurses, and physicians' assistants;
- decide when professional help, diagnosis, or other consultation is needed; and
- conscientiously practice preventive measures which foster good health.

Direct participants' attention to what is stated in the final paragraph of "A Note to Readers" (page 31). Stress that medical self-care knowledge and skills do not eliminate one's need for professional help and guidance. The information obtained from the course and textbook provide guidelines but may not always be appropriate to individual cases.

TEACHING AND LEARNING
HOW THE COURSE IS CONDUCTED

You can tell participants about the learning technique you will use. Don't anticipate their ready understanding — it is probably much different from what they have experienced. Try a variation of the following:

> Most of us have received our education by traditional methods. Communication was one way — from the teacher to the student. Although we were asked questions now and then by our teachers (to see if we were paying attention!), we generally just sat at our desks facing the teacher and soaked up information like a sponge absorbing water. We will be using a different approach in this class. It will be **your** responsibility to learn what **you** want. There will be some lecture, but mostly you will learn by doing things, watching and repeating demonstrations, questioning, and speak-

ing with each other. You can learn what you want at the speed you find comfortable.

Your class participants will have to experience this type of learning before they fully understand it, so there is no need to give greater detail. They are now ready (and are perhaps a bit nervous) about taking a very active role, but they will become responsible for their learning when you give them the opportunity. The success of an interactive and democratic process depends on mutual consideration, on orderly speaking, and listening in turn.

PARTICIPANTS' EXPECTATIONS

You can give participants a taste of the new approach by having them tell what they want to get out of the course. Although this may seem redundant if they have completed an initial personal health assessment, the purpose of the activity is to allow people to share their interests and problems, as well as the changes they would like to make in their lives.

One method of compiling participants' needs is to have an open brainstorming session. As facilitator, you can write down responses in large letters on a flipchart, tearing off each page as it is filled and taping it to the wall. Ask the class not to discuss or comment on individual items, just list them. Try to write them as accurately as possible, asking for clarification when necessary.

After the list is generated you may help the class to separate the items into different major categories. You could end up with something similar to the course outline — categories such as drug interactions, chronic illnesses, and home safety. Post the pages at the beginning of **each** class session and periodically ask participants if they think their objectives are being met.

Summarize the compiled information from the assessment forms (collect any forms that were not turned in previously). This information and the flipchart exercise should provide a structure for the remainder of sessions. Make an agreement with participants that you will provide information pertaining to the changes they wish to make in their lives and tell them the session number in which it will be covered. Stress that personal responsibility is necessary to make and break habits.

GROWING OLDER — WHAT TO EXPECT

Dr. Alex Comfort, in his book **A Good Age**[1] notes that there are two kinds of aging. One is biological, reflected in such changes as decline in certain functions (e.g, auditory, visual) and a lessening of recuperative powers. Dealing with the biological consequences of aging is one of the aims of this self-care course.

The second type of aging is called "sociogenic" and refers to the roles society imposes on people as they reach a certain chronological age. Older people are frequently referred to as unemployable, asexual, amusing, and senile, for example. This course will deal with sociogenic aging, also, and will develop strategies to combat the stereotypes society has of older people.

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[1] Comfort, Alex, **A Good Age,** Mitchell Beazely Publishers Limited, London, 1976. This is an excellent book for participants to read.

SOME PHYSICAL ASPECTS OF AGING

The question is commonly asked, "What does it mean to grow old?" Encourage people to share their views about the aging process. They may find some of their beliefs are false, while some of their expectations are unrealistic. Printed copies or flipchart sheets with some of the following information will open up communication:

SOME COMMON MYTHS ABOUT "OLD PEOPLE"

1) Most old people live in institutions.
2) Most old people are constantly in bed because of illness.
3) After 65 years everyone goes steadily downhill.
4) Old people are typically bored, alone, and abandoned by their family.
5) Older people can't do a decent job and should retire.
6) Old folks are past having sex, and those who are interested in sex shouldn't be.
7) After 65 a mind deteriorates and a person gets senile.
8) Old folks spend all their time sitting around watching television.
9) Most older people become religious fanatics.
10) Since physical aging is a natural process, it can't be altered.

Your group is active and motivated to learn. They will have heard these myths but will not believe them. The point of this exercise is to realize that many younger members of society **do** believe them.

Physical changes **do** occur with the aging process. However, people don't realize:

- that **prevention** can lessen the effects of some changes;
- **treatment** will lessen some of the adverse effects of aging.

Some of the changes that eventually occur:

Skin: Skin becomes inelastic with age, causing wrinkles and irregular pigmentation. Frequent exposure to the sun is said to accelerate this process as well as lead to "liver spots" and skin cancer. Skin becomes less sensitive, and perceptions become less accurate. Hot water burns are more likely, skin dryness is common, and blood vessels are more readily seen through the skin.

Muscles and bones: Strength loss is normal with age as muscle mass decreases. It takes longer to complete tasks. Decreased muscle strength can interfere with respiration and efficiency of waste elimination systems. Bones become brittle and porous as they lose some of their calcium. Mobility can be affected by general weakness or a specific bone and tissue ailment such as arthritis.

Hearing: A gradual loss of ability to hear high-pitched notes is common, but it usually is not disabling. Older people might "take in" information a little more slowly because of the decline in channel capacity. Being **assertive** in communicating with people is one way to deal with the loss.

Sight: A decline in visual acuity can be expected. Glaucoma and cataract are treatable. Advanced glaucoma is preventable.

Taste: The number of taste buds decline, and the remaining buds have a higher threshold and require stronger stimulation. People might be tempted to enhance the flavor of food with more sugar or salt, so nutritional knowledge becomes more important. Other ways of making mealtime enjoyable must be sought.

Smell: Perceptions may lessen, and safety is affected — smoke from fire, leaking gas, or other dangers may not be detected.

Brain: Interference with blood supply is common. There is no change in the ability of healthy people to learn regardless of age. Reactions slow slightly, but experience (such as that gained driving a car) makes up for the loss. Many fears and myths are associated with the aging brain.

Heart: The heart muscle loses flexibility and fatty deposits may accumulate, resulting in a number of heart ailments.

Prostate: It commonly enlarges in males with the passage of time. Prostatectomy need not affect sexual potency, but psychological problems sometimes result.

Gastrointestinal system: Increase of indigestion and heartburn with age. There is a loss of intestinal muscle elasticity, contributing to constipation. The digestive process slows and is somewhat less efficient. Kidney function worsens as blood flow is reduced. The muscular structures lose tone and elasticity, leading to incomplete emptying of the bladder. The risk of infection becomes greater.

SOME ILLNESSES AND CHRONIC CONDITIONS:

Arthritis: Fingers, knees, joints, hips, and vertebrae can be affected by this degenerative joint disease characteristic of aging.

Cancer: One third of all people die of malignancy.

Depression: There is a predisposition to mood changes. Much of the depression is linked to the stresses of aging: death of a spouse or close friends, decreased earning capacity, physical illness.

Diabetes: More common with age.

Drop attack: When the legs give way and a person falls. Thought to be caused by a momentary cut-off of blood supply to the brain. It doesn't indicate serious illness.

High blood pressure: Blood pressure often rises with age but should be treated by relaxation methods, proper diet, and perhaps medication.

Hypothermia: Body temperature drops with age. Hypothermia is seen as a general trend in aging. A cold house and poor nutrition may combine to cause accidental hypothermia.

After your short lecture on the physical aspects of aging, some class participants may offer examples of what they believe to be "growing old". Mold the discussion to form a realistic picture while working against the willing acceptance of stereotypes. How many of the physical changes are within our power to slow or prevent? Dr. Comfort relates a well-known story of a 100-plus year old man who makes an office visit because of pain in his left knee. The doctor exclaims, "Well, what do you expect of your knee at your age?" to which the patient replies, "I expect it to feel as good as my right knee." Lead a discussion on what to expect — and what people needn't accept. You might ask an elementary school teacher to have students write essays on aging to highlight society's views and stimulate class discussion.

KNOWLEDGE QUESTIONNAIRES

It is not useful to find out if someone knows, for example, average body temperature. It is more important to know if that person will use a thermometer when he/she suspects illness. Since it is impossible for you to know if participants will use their knowledge and skills outside of the classroom, scores on knowledge questionnaires are at best only rough estimates of the degree to which people have changed their behavior.

Some type of knowledge questionnaire can be used in Session I as a pre-test. The same test should be given at the end of the workshop (post-test) and the individual's results can be compared. Naturally, as a facilitator of a course of this type, you are not interested in participants' individual scores, and you should make this clear to reduce test anxiety. After the test is completed and turned in, briefly go through the knowledge items, asking for volunteers to justify answers. A relaxed, non-threatening review of the questions will set a style for subsequent sessions.

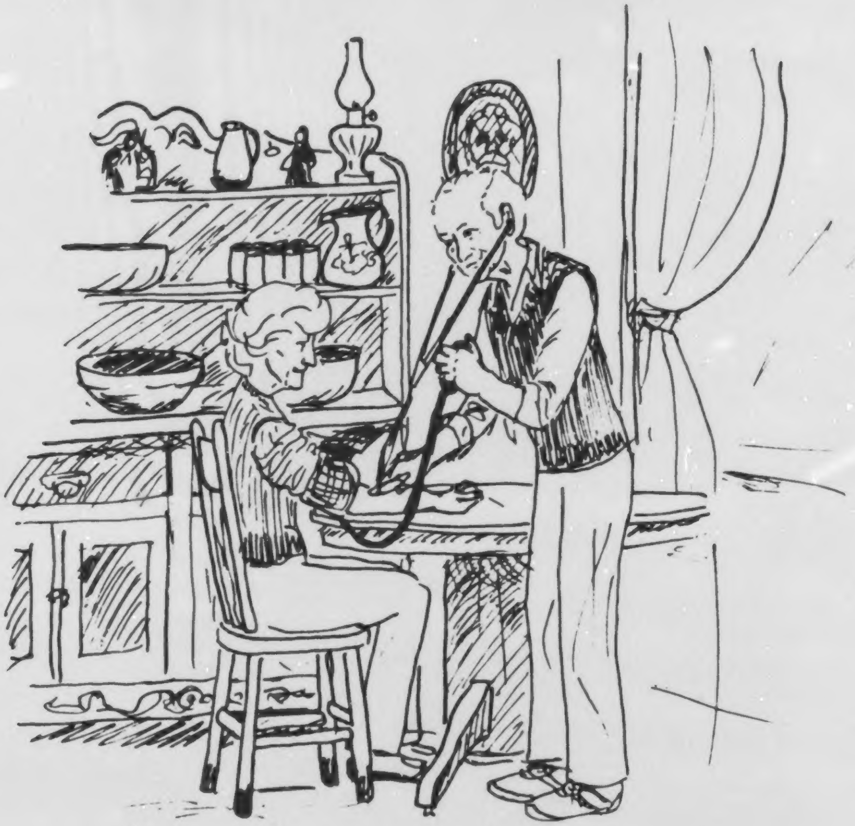
BEFORE CLOSING

Briefly describe the textbooks to be used during the program, summarize the table of contents, and illustrate how the indices can be used. Display some of the tools you will be using in future sessions — blood pressure cuff, thermometer, medical records forms, stethoscope, otoscope — and encourage questions about their use.

End this session by teaching a skill, such as throat examination. Follow the teaching method discussed earlier — explaining why the skill is useful and how it can be used at home. Demonstrate it, have everyone practice it, and finally, discuss it.

SESSION II: VITAL SIGNS — ASKING YOUR BODY SOME QUESTIONS

What are the body's vital signs and how are they measured? What is blood pressure? What causes it to rise and fall? What health information should be recorded at home, and how can it be used?



BY THE END OF TODAY'S SESSION, PARTICIPANTS WILL BE ABLE TO:

- Describe some of the body's vital signs and when they should be measured.
- With help from the facilitator, be able to measure blood pressure.
- Fill out much of the information on the health record forms.

MATERIAL FOR THIS CLASS:

Course textbook.

An array of self-care tools and purchase prices/places.

Health record forms.

Blackboard, fiipchart, masking tape, and notepaper.

VITAL SIGNS

A short lecture on vital signs — pulse, temperature, respiration, and blood pressure — is in order. Display and explain the various tools used, demonstrate how the measurements are made, and give examples of when vital sign tests are called for. Stress the importance of baseline measurements — taking the measurements when well so that comparisons can be made during a time of illness. In your discussion be sure to indicate those factors which affect measurements. Lowered blood pressure, for example, is a long-term effect of relaxation and exercise. Stress, excess weight, and increased salt intake might raise pressure over time. A class demonstration to show how one can vary his or her pulse, for example, is both dramatic and instructive. Naturally, you will want to make sure the volunteer for such an activity is one who frequently exercises. Even so, caution against over-exertion.

Pulse, Respiration, and Temperature: After a demonstration of recording pulse, participants can be separated into small groups to practice this activity. Everyone should be given the opportunity to take a person's pulse. Have a recorder list the numbers on a blackboard or flipchart to indicate the range of normal that exists. Respiration and temperature can be dealt with similarly.

Blood Pressure: Since hypertension is a serious health problem, cover the subject with some basic facts:

1) Blood pressure increases with age.
2) Hypertension can be diagnosed by monitoring blood pressure over time.
3) High blood pressure is more likely to occur in men, over-weight people, and relatives of those with hypertension.
4) The cause of most hypertension is unknown, but lifestyle changes are advocated for those with the illness: reduction of stress, dietary modifications, etc.
5) Hypertension is a risk factor in the development of heart failure, stroke, and kidney problems.

Allot the time you think necessary for demonstration and practice, but realize that people will not gain confidence with this skill in a short time. Give everyone a chance to perform. If abnormal readings turn up in the classroom session, make certain there is proper follow-up. Find out if the local hospital, doctor's office, EMT group, or community organization would like to donate a blood pressure cuff to the senior citizen's group. Encourage blood pressure screening and monitoring on a regular basis at the center. If there is an organization in town that does screening (e.g., the local health department) perhaps they will offer to supervise seniors until the skill is perfected.

The long-term goal is to have some group members become independent in their performance of this basic skill. An equally important goal is to make people comfortable in the presence of health professionals who use diagnostic equipment. Once people have experienced using the blood pressure cuff, the demystification of medical care begins.

As a home assignment, have participants take vital signs from relatives or friends, record the measurements, and report to the class the next session. In this way, interest in self-care can be stimulated in people outside of the class. You may find enrollment for a future class to be an easier task.

HEALTH RECORDS

The health record forms suggested for use in this class also appear in the **Healthwise Handbook.**

HOME HEALTH CARE EXAM

Date ______________________ Name ______________________

Time of day ______________________

VITAL SIGNS

Height
Temperature Rectal Oral
Respiration Breaths per minute?

Weight
Pulse Beats per minute? Regular?
Blood Pressure

Reason for physical exam ______________________

Overall impression, comments ______________________

____

Mental health observations ______________________

Skin
Eyes Pupil constriction:
Ears Hearing

Skull, hair, scalp
Nose
Mouth, teeth

HOME HEALTH CARE EXAM

(Continued)

Throat	Neck, lymph nodes Chin to chest
Chest, breasts	Spine
Abdomen	Genitals
Anus Bowel movements	Legs and arms
Hands, nails	Feet, nails
Chest, lungs, heart sounds	
Adult women (over 18) Breast	

Additional comments: ____________________

RECORD OF HEALTH PROFESSIONALS

Health Professional's Name and Address	Specialty	Office Phone and Hours	Dates Started and Ended	Comments

RECORD OF ILLNESSES, ACCIDENTS AND SURGERIES

Add to this record each time you are ill or go to your doctor.

Name ____________________

Date	Description	Health Professional	Comments

DENTAL RECORD

Name ____________________

Date	Name of Professional	Comments

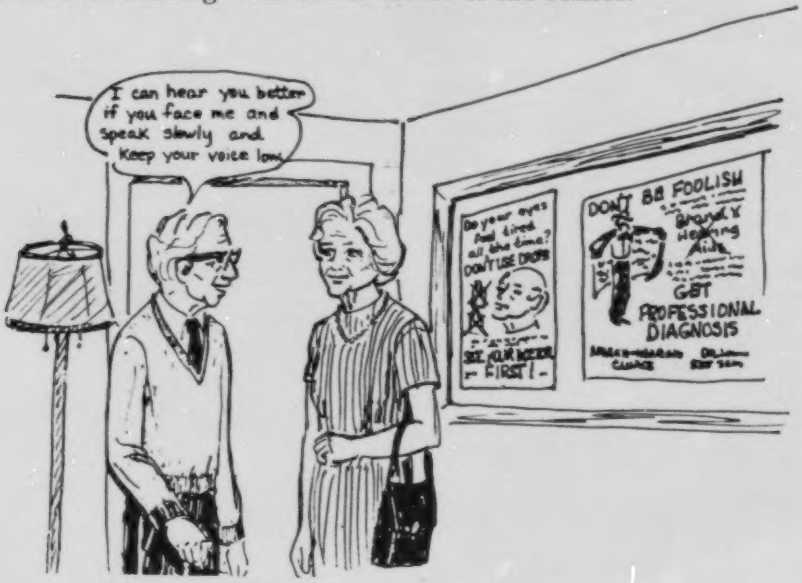
An inexpensive binder can be purchased to hold the records and make them accessible. Emergency numbers, medical bill receipts, instructions for medications, and insurance policies are a few of the items that can be kept with the medical records for handy reference.

After discussing the records, have paired individuals practice filling them out by asking each other questions and performing diagnostic tests. Have the records filled out in light pencil so information can be erased and the forms can be used at home, or provide extra copies for home use.

The use of health records is part of a larger activity — the home physical. The **Healthwise Handbook** and **How To Be Your Own Doctor (Sometimes)** both contain step-by-step information on the simple diagnostic tests that can be performed at home. Most of the observation and technical skills learned from the sessions and the book can be incorporated into the home physical. Again, stress and need for a home exam when a person is not ill in order to establish what is normal for that person. Finally, some of the exam procedures (e.g., ear, nose, throat exam) require the assistance of a friend or spouse, and in the absence of these individuals, a health professional.

SESSION III: THE SENSES: MORE QUESTIONS TO ASK — AND ANSWERS TO LISTEN FOR

What other observations are needed for the home physical exam? The breast self-examination. What can people expect from sight and hearing as they grow older? Preventing problems and dealing with minor losses of the senses.


I can hear you better if you face me and speak slowly and keep your voice low.
Do your eyes feel tired all the time? DON'T USE DROPS
SEE YOUR DOCTOR FIRST!
DON'T BE FOOLISH
Brand X Hearing Aids
GET PROFESSIONAL DIAGNOSIS

BY THE END OF TODAY'S SESSION, PARTICIPANTS WILL BE ABLE TO:

- Perform additional parts of a home physical and record results.
- Perform the breast self-exam (optional).
- Describe some common vision and hearing problems associated with aging.
- List ways to help their eyes remain healthy.
- List situations that may indicate a hearing loss.

MATERIALS FOR THE CLASS:

Course textbook.

Breast self-examination literature from a local chapter of the American Cancer Society.

"Seeing Well as You Grow Older", a pamphlet by the American Association of Ophthalmology, 1100 - 17th Street, N.W. Washington, D.C. 20036.

Self-care tools.

Health record forms.

Blackboard, flipchart, masking tape, and notepaper.

FOR WOMEN — BREAST SELF-EXAMS

If enough women are interested in this procedure, a special session is in order. Search your area for nurses qualified to teach the self-exam and check with your local/regional chapter of the American Cancer Society for information. Some cities have breast cancer screening services personnel who will travel to remote areas to teach both the individual and health professional.

Before your special screening or teaching clinic, prepare your class by lecture, film, or printed material.

THE HOME PHYSICAL

As a follow-up to your previous session on vital signs, review any material which is unclear. Encourage comments and questions from those who have practiced tests at home. Some participants will not seriously consider home tests until they hear that their peers actually have done them. Refer to the health records and point out that mental health observations and drug inventories are subjects of future sessions. Participants can begin to form questions on those topics. Discuss the hands and feet, including circulation problems, skin dryness one can expect with age, and practices that can mitigate the problem.

SIGHT AND HEARING CAN FADE WITH AGE

Sensory impairment can be discouraging at any age, but when it occurs as one advances in years and is erroneously regarded as an inevitable consequence of aging, those afflicted risk emotional disorders such as anxiety and depression. The likelihood of injury due to accidents also is increased.

Common vision problems associated with aging — presbyopia, glaucoma, cataract, macular degeneration, for example — are treatable, and the vision impairment is often preventable. Ask class participants to describe their own experiences with glaucoma tests and cataract surgery. Ignorance and fear work against early detection of vision problems.

Take Care of Yourself deals with eye problems including pain, decreased vision, burning, itching, discharge, and foreign bodies in the eye. The author provides background material as well as practical advice for problems.

Some general considerations for vision and eye self-care:

- Know when to seek professional care by understanding and watching for symptoms listed above. Glaucoma affects about 10 percent of the elderly, necessitating a simple test every two years and more frequently if there is a family history of glaucoma.
- Understand the different roles of providers — primary care physicians, optometrists, ophthamologists. Save money by seeing the appropriate health professional.
- As much as possible, stay clear of environmental hazards such as vapors and dust. Use aerosol sprays cautiously.

- Never resort to over-the-counter preparations for tired or red eyes (e.g., **Visine**). They can mask symptoms of a serious nature.
- Relieve simple irritation caused by smog, swimming, or strong light by use of tap water or application of iced, wet compresses. Relieve simple cases of tired eyes by adequate rest. You can't wear out your eyes with use. Keep using them with adequate lighting — even and without glare.

Some vision changes require small adaptations in life. Slower adaptation to the level of light might cause difficulty with night driving. An increased sensitivity to glare and impaired balance and coordination may require a more structured environment, and the adoption of a patient, accepting attitude.

Most of us can expect a **slight hearing loss** with age. An assertive individual can deal with a slight loss in the following manner.

- ask people to face you when speaking.
- tell them to speak slowly.
- remind them to enunciate clearly and lower their voices. (Shouting makes voice frequency higher and more difficult to understand.)

The following list is a way in which one can begin to assess his/her hearing if a loss is suspected:

1) If you are 6 to 12 feet from the loudspeaker of a radio, do you understand speech well?
2) Can you carry on a telephone conversation without difficulty?
3) If you are 6 to 12 feet from a television set, do you understand most of what is said?
4) If there are noises from other voices, typewriters, traffic, or music, can you understand when someone speaks to you?
5) Can you understand if someone speaks to you while you are chewing crisp foods, such as potato chips or celery?
6) Can you understand if someone speaks to you in a whisper and you cannot see his face?
7) Can you hear women when they talk?
8) When you are in a meeting or at a large dinner table, would you know the speaker was talking if you could not see his lips moving?
9) Can you carry on a conversation with one other person when you are out-of-doors and it is reasonably quiet?
10) Can you hear warning signals, such as automobile horns, railway crossing bells, or emergency vehicle sirens?

Some of the assessment questions can be demonstrated and, if the room is large enough, participants can test themselves and others. As facilitator, you may be able to spot some hearing problems. An increased voice volume and a tipping of the head to one side might indicate a loss.

Make class participants aware of the need to seek a professional diagnosis. Have the professional advise for or against the purchase of hearing aid devices, rather than leave the decision to hearing aid salespeople. Some senior citizen centers already have dealt with the potential problems of purchase and can advise the consumer. The elderly, representing about 11 percent of the U.S. population, are prime targets for health-related gimmickry and fraud. The need to be a careful consumer is emphasized in all sessions which deal with a product or service.

SESSION IV: DOCTORS, HOSPITALS, AND BILLS

What should people expect from their doctor? Choosing a hospital and preparing for admission. When is surgery necessary? What are Medicare "gaps" and how are they filled?

BY THE END OF TODAY'S SESSION, PARTICIPANTS WILL BE ABLE TO:

- Describe the responsibilities to and expectations of physicians during an office visit.
- Describe steps taken prior to and during hospitalization to make the stay more pleasant, informative, and less costly.
- Know of ways to gather information about Medicare supplemental insurance.

MATERIALS AND RESOURCES FOR THIS CLASS:

Course textbook

"What to Expect from Your Doctor: Your Rights" (included in this outline).

"Guide to Health Insurance for People with Medicare" by Dept. of Health and Human Services. Available from local Social Security Administration Offices, some senior citizen centers, Congressmen's offices. Be sure to get a recent copy, as dollar amounts change yearly.

Blackboard, flipchart, masking tape, and notepaper.

CHOOSING YOUR DOCTOR

This can be a touchy subject to address in an area with few physician choices. While avoiding the use of this session as an opportunity to gossip about the qualities of a particular physician, lead the class in a thoughtful discussion of what constitutes a good choice in medical practitioners. Is the doctor sympathetic to the elderly? Does he/she treat problems only as an inevitable part of growing older? Does the doctor give good instructions on taking prescribed medications? Does the physician encourage self-care? These are just a few examples. Have a brainstorming session listing the 'good' vs. 'bad' aspects from participants' reading and personal experience. One point to stress is the reason why some doctors don't disclose detailed information during an office visit. Doctors are not accustomed to people with questioning attitudes, but people will be surprised at how favorably responsive a physician becomes to an assertive, knowledgeable client.

WHAT TO EXPECT FROM YOUR DOCTOR

YOUR RIGHTS[1]

1) Considerate and respectful care.
2) To be spoken to in terms you can understand.
3) That case discussion, consultation, examination, treatment and records pertaining to your care be confidential.
4) The right to examine and receive an explanation of your bill **regardless of the source of payment.**
5) An accurate diagnosis of your condition, healthy or otherwise, at your request.
6) Results and meaning of any tests or examinations performed by him/her or by others at his/her direction, as soon as they are available.
7) Indications of treatment, varieties and alternatives, pros and cons of particular treatments in the opinion of other experts, as well as the doctor's own preference and the reasons for it.
8) Answers to your questions about any examinations or procedures he/she may perform, in advance of or at the time during the performance of it. Stopping any examination or procedure at any time, at your request.
9) Complete information about purpose, content, and known effects of all drugs prescribed or administered, including possible risks, side effects and contra-indications, especially of any combination of drugs.

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[1] Items 1-4: Adapted from California House Resolution No. 69 *The Patient's Bill of Rights 8/30/73.*
Items 5-11: From **Our Bodies, Ourselves** by the Boston Women's Health Book Collective, Simon and Schuster, New York, 1976.

10) Willingness to accept and wait for a second medical opinion before performing any elective surgery which involves alteration or removal of any organ or body part.

11) Answers to your questions about your body or your general physical health and functioning, in addition to any particular condition, or, encouragement to seek these answers from another source.

CHOOSING AND USING YOUR HOSPITAL

If the choice is limited, the choice of hospital also is limited. You can review this session's readings with participants in light of local and regional resources. Have some participants report on area and regional hospitals by answering a checklist.

Some checklist questions:

1) Is the hospital accredited by the Joint Commission on Accreditation of Hospitals (JCAH)?
2) Does it have approval of the American Medical Association and other speciality boards as a teaching hospital?
3) Is there resident staff at the hospital?
4) Does the hospital have an affiliation with a medical school? A nursing program?
5) Is the hospital a for-profit or non-profit facility?
6) What kind of discharge planning is done? Are there community programs such as home health nursing which can provide follow-up upon discharge?
7) What kind of visitation rights are allowed?
8) Is there a consumer board to redress grievances?
9) How did your friend like the food when he/she stayed at the hospital?

Other questions could be considered: nurse/patient ratios, average length of stay for a specific illness, location of bathrooms to patient beds, and so on. Careful thought should be given to the relative importance of these questions. For example, a profit-making hospital does not necessarily imply that better care is delivered, and JCAH accreditation only implies that minimum standards have been met.

Like some other institutions, hospitals can be impersonal, dangerous (e.g., chance of error and infections) and, at the very least, unfamiliar. Outpatient care is preferable if home care can be adequately provided by friends and relatives or visiting health professionals. The home is a more comfortable environment and can speed recovery. If hospitalization is necessary, prepare for the hospital stay as fully as possible. Find out if the hospital has a handbook for patients. This will describe the best days for admission, how and why certain tests are performed, and whether routine tests can be performed on an outpatient basis.

IS SURGERY NECESSARY?

Some people argue that almost any alternative is preferable to surgery. This is generally not true, but the suggestion of surgery should make the patient ask:

1) What is the doctor's diagnosis?
2) Is the surgery for an emergency?
3) What is the operation the doctor plans to do?
4) What are the likely benefits of the operation?
5) What are risks of the surgery and how likely are they to occur?
6) How long would the recovery period be and what is involved?
7) What are the costs of the operation?
8) What will happen if there is no operation?
9) Are there other ways to treat the condition that could be tried first?

A toll free number (1-800-638-6833) can put people in touch with doctors who will give second opinions. Names are not asked. Generally, the caller will be referred to a local medical society or insurance company that is participating in the second opinion program, and they will give physicians' names and numbers. A person diagnosed with cancer can call toll free (1-800-638-6694) for free information on diagnostic testing for cancer, treatment modes, surgical procedures, and other cancer-related questions. This service is provided by the National Cancer Institute.

Consider arranging a guided tour of your local hospital. Have a hospital employee explain admission procedures leading up to surgery and what can be done by the patient to prepare adequately for the event. Discuss length of stay and how it can be shortened by cooperation among patients, relatives of patients, and doctor.

THE OFFICE VISIT

Participants now have a better idea of the responsibility involved in caring for and protecting their health. With some diagnostic skills behind them, they are ready to enter the partnership phase of health care. There is not much that people can do to make unwilling doctors enter into a partnership, but people can make positive changes in the way they relate to health professionals. If satisfaction is not achieved, a person should continue the search for a doctor who believes in self-care.

Partnerships require mutual respect. For example, a person should tell a doctor's receptionist what the major problem is so that, in fairness to the other patients, an appropriate amount of time can be set aside for the visit. On the other hand, the doctor should be willing to discuss fees, explain procedures, and offer the opportunity to seek other professional opinions.

Class participants can be given the chance to role play the interaction at a doctor's office, using the exercise included below. A definition of role playing, as well as tips for using this technique, is included.

A TRIP TO THE DOCTOR: EXPLORING THE DOCTOR-PATIENT RELATIONSHIP

This structured exercise will enable participants to improve doctor-patient communication. It is an active learning exercise which involves a short lecture, demonstration, practice, and discussion.

The facilitator should describe the goals of the exercise.

1) To examine the ways in which patients and doctors communicate with each other.

2) To outline some of the responsibilities an activated patient should exercise.

In **10 minutes' time** the instructor presents an idea of the communication which occurs in a doctor's office. **Take Care of Yourself** (ch. 6) contains an excellent description of the office visit.

1) YOUR PROBLEM

Patient is asked, "What brings you here?" Answer is stated as the title of a story. "I have a sore throat." Don't give details at this time. If you have more than one complaint, say so. Tell it like it is. Don't be embarrassed. A visit to a physician should not be a guessing game. If you hide something, you are cheating yourself and inviting inferior treatment.

2) YOUR STORY

This is the story behind your major problem(s). The first fact that must be established is how long you have had the problem. Tell the events of your problem in the sequence they occurred. Avoid irrelevant details.

The physician may interrupt to ask questions or guide you in some way. **This is the time to make use of your home medical records, because supportive information is important.** Did you see any other physician, or have you been taking any medications (prescribed or otherwise) for this complaint? Are you allergic to any drugs? What X-ray or lab tests have been done and what are the results? Be a careful observer of your complaint **before** you go to the doctor.

3) YOUR GENERAL HISTORY

Background information on your general health will be sought, and you should answer in short, concise sentences. When asked about your drug history, remember that items like laxatives and vitamins are drugs as are **all** over-the-counter preparations. Mention them. They might be important. If you suspect that you have an allergic reaction to a drug, mention the reaction that you are experiencing. Many side effects from drugs are not necessarily allergic reactions — such as vomiting, nausea, ringing in the ears. Don't give up the chance of being prescribed a drug because you **think** you are allergic.

4) A HEALTH EXAMINATION

The physician will look at each symptom and its possible relationship to systems of your body. He/she may begin with the skin, then go to the head, eyes, ears, nose, throat, and move down the body — lungs, heart, lymph glands. Digestion, stomach, intestines, urinary tract may be examined, then the muscles, bones, and the nervous system.

5) YOUR PERSONAL LIFE

Questions about your job, social life, drug use, smoking, and inter-personal relations can be intimate, but the answers may be very important to diagnosis and treatment.

ROLE PLAY: A DEFINITION

Role play is an enactment of a situation involving one or more persons. The 'player' play-acts the behavior of an individual. In role play, a participant learns a skill or experiences an attitude by playing someone he/she might someday want to be like. For example, a person learning self-care can role play an activated patient because it is desirable to become an activiated patient. A person can also play a negative role. An example would be the role play of a non-supportive physician. Useful skills and productive behavior often are learned by experiencing the undesirable side of human interactions.

POSSIBLE ACTIVITIES:

1) Groups of two can play the different combinations of activated patient, not activated patient, self-care supportive doctor, and unsupportive doctor. Have the audience divided into four panels and, after role playing, give them time to make lists of the characteristics of the four types of individuals. Have them make presentations to the group. Allow time for discussion.

2) Pass out four different dialogues covering each of the characters described above. Have participants split into groups of three: a patient, doctor, and observer. Allow two or three minutes for everyone to role play, then have a few observers report what they saw. (The observer should not speak during role play.) In using either of the two suggested activities, remind participants to pay particular attention to communication styles and not to become preoccupied with technical points.

To facilitate discussion after the exercise, have these questions printed for everyone or have them displayed:

1) What is the definition of an activated patient?

2) What is the definition of a self-care supportive doctor?

3) Describe some of the attitudes and behaviors you display in a doctor's office. Which should be changed and why?

4) At home, what are some of your responsibilities as an activated person?

5) At the doctor's office what are your responsibilities as an activated person? What are your rights?

6) Are there any parts of an office visit which scare, intimidate, or confuse you? What specific action can you take to make the next visit more useful?

SUPPLEMENTING MEDICARE COVERAGE

Medicare is a federal insurance program which pays many of the medical expenses of people 65 and over. It does not pay all costs of certain types of care such as hospitalization, and it excludes certain kinds of care such as prescription drugs purchased as an outpatient, cost of hearing aids, and many others. A number of private insurance companies offer supplemental policies which cover some Medicare exclusions. Hence, a person's understanding of Medicare will facilitate a better understanding of supplements.

Fortunately, there is help available for people who are considering additional insurance. The government prints a guide, and some states have booklets provided by their Departments of Insurance. The Social Security Administration is also a good source of advice and literature. None of these advisors can or will make a decision for the consumer, so it remains the responsibility of the senior citizen to be well informed. In addition to fraud, inadequate, costly policies are being sold.

If you consider a guest facilitator for this segment, have the following points covered:

DO I NEED MEDICARE SUPPLEMENT INSURANCE? Medicaid eligible people generally do not require additional coverage. If you are employed and have health insurance, you may be able to convert that coverage to a supplement to cover your retirement.

WHAT IS EXCLUDED FROM MY MEDICARE COVERAGE? Knowing this will guide you to a suitable purchase which can pay some of the bills you will be responsible for. No policy will cover everything. There are deductible charges which patients must pay under Medicare. Additionally, there are exclusions to Medicare coverage.

Exclusions include:

- Private duty nursing.
- Certain skilled nursing home care costs.
- Custodial nursing home care costs.
- Intermediate nursing home care costs.
- Home health care above a certain number of visits.
- Physician charges above the approved amount.
- Drugs (other than prescription drugs furnished during a hospital or skilled nursing facility stay).
- Care received outside the U.S.A., except under certain conditions in Canada and Mexico.
- Dental care or dentures, checkups, routine immunizations, cosmetic surgery, routine foot care, examinations for and the cost of eye-glasses or hearing aids.

HOW CAN I BEST DEAL WITH INSURANCE SALESPEOPLE? It is vital to know your rights. Don't be persuaded to discard a current policy simply because it is old. Ask for an agent's identification and check for his company's licensure with the state Department of Insurance. Never buy a policy on an agent's first visit, and never pay cash. Report any salesperson who says he represents the Medicare program or any government agency. These are only a few of the steps and questions that should be considered.

IN REVIEWING A SUPPLEMENT WHAT POINTS SHOULD I LOOK FOR? See what deductible charges are picked up by the supplement. Many of Medicare's exclusions are frequently excluded by supplemental policies. If Medicare deductibles increase, will the policy automatically pay the increase? Determine what waiting periods, exclusions, and pre-existing conditions or other limitations are a part of the policy. Is your medical history required? If so, **full disclosure** is absolutely required. Can you be denied renewal or can the policy be cancelled? Even after you purchase you may have a free look before you commit yourself to continuing a policy. Check for your specific rights.

The chart from *Guide to Health Insurance for People with Medicare* can be enlarged on a blackboard or flipchart and the provisions of various policies can be compared with each other **and** with Medicare coverage. Ask some participants to bring their policies or collect some different policies for comparison.

It would be useful to schedule periodic reviews, times at which seniors could have their policies examined or have a closer look at one they consider purchasing. A major objective of this session, however, is to make people aware of potential problems, to cultivate self-sufficiency, and to ease fears about seeking and reading resource material.

SESSION V: WHAT YOU SHOULD KNOW ABOUT MEDICATIONS

How can people unclutter their medicine chests? Why should they? What should people ask a doctor and pharmacist about their medications?

BY THE END OF TODAY'S SESSION, PARTICIPANTS WILL BE ABLE TO:

- Compile a list of essential home medicine chest items.
- Describe the differences between some over-the-counter medicines that are advertised for identical symptoms.
- Know the important questions to ask a doctor and pharmacist about their medications.
- Realize that certain drugs, combined with other drugs or food, could cause serious problems.

MATERIALS AND RESOURCES FOR THIS CLASS:

Course textbook.

Medication information forms (included in this outline).

Various medicines, packages, advertisements.

Using Your Medicines Wisely: A Guide fro the Elderly, a pamphlet available from the National Institute on Drug Abuse, 5600 Fishers Lane, Rockville, MD 20857.

Blackboard, flipchart, masking tape, and notepaper.

YOUR HOME MEDICINE CHEST

The average medicine chest is a combination of half-used prescription medications from previous illnesses, sticky tubes of ointments, bottles with missing labels, and an assortment of over-the-counter (OTC) medications. Some people even keep their pets' medications with their own.

You should describe the items necessary for the home medicine chest. It is surprising how few items are required or advisable. Suggest reading content lists, descriptions and rationales that apply to stocking a home pharmacy. The self-care textbooks suggested for class use contain this information.

To dramatize the issue, have one or two volunteers bring the contents of their medicine chests to the session. Cover these points:

1) Are the essential ingredients a part of the medicine chest?

2) Have unused portions of prescription drugs been discarded properly?

3) Do all containers have clear labels with the patient's name (if it is a prescription drug), drug name and instructions on use?

4) Have medications with expired dates been disposed of properly?

There are other points to consider. If there are no children in the home, contents can be in an easily accessible place. Child-proof caps can be difficult to open and people can request easy-open containers from their pharmacist. Look for easy-open containers when buying OTC drugs such as aspirin. If certain medication or information is necessary for survival (e.g. insulin) make sure that this information is carried on the person in the form of a bracelet, pendant, or card.

OVER-THE-COUNTER PREPARATIONS: CURE OR SYMPTOM RELIEF?

Discuss the difference between medical cures and symptom relief. Many people believe that cold or cough medicine, for example, has some healing powers, when in fact it only serves to reduce the discomfort of various symptoms. Once people realize this, they are more likely to make only the most necessary purchases. Considerations before buying include the following questions:

1) Do I understand the underlying cause of my symptoms?

2) Do my symptoms mask an illness that requires professional consultation?

3) Is symptom relief suggested by my self-care text?

4) Do I already have medication in my home medicine chest that can relieve such symptoms?

5) Have I read the label, examined the advertiser's claims and searched for the least expensive equivalent preparation?

OVER-THE-COUNTER DRUGS — WHAT WORKS?

Many do work for the relief of symptoms, but there are many alternative preparations available. Once you find an ingredient that is suitable, you should find the least expensive item that contains that ingredient. If the preparation contains additional ingredients it is a personal responsibility to understand their intended purpose. Major considerations are cost, curiosity about ingredients, advertisers' claims, and contraindications. The following activity illustrates the care necessary in purchasing OTC preparations.

Ask participants to bring the product(s) they use for the relief of headache, fever, or inflammation. The usual OTC preparations will show up: aspirin, **Anacin**, **Bufferin**, **Excedrin**, and others. Ask for the package (for a list of ingredients) and the price. On a blackboard or flipchart illustrate the following:

Name	**Ingredients**	**Price per 100 tabs** [1]
Bayer	Aspirin	$2.89
Anacin	Aspirin, Caffeine	$2.79
Bufferin	Aspirin, 2 Antacid Compounds	$2.87
Excedrin	Aspirin, Acetaminophen, Salicylamide, Caffeine	$2.89
'No Name' Aspirin	Aspirin	$ .60

A close examination reveals that **Anacin** has slightly more aspirin than **Bayer**, which contains only aspirin. **Anacin** contains caffeine but that substance has no analgesic (pain reducing) effect, nor does it affect the activity of an analgesic. **Bufferin** is an aspirin with two antacids. In a National Research Council study (1971) **Bufferin** was not found to be 'gentler' than aspirin, as has been claimed. **Excedrin** has aspirin and acetaminophen. Acetaminophen is the aspirin substitute found in preparations such as **Tylenol**. **Excedrin** also has some salicylamide. While acetaminophen is roughly equivalent to aspirin in reducing pain and fever, salicylamide is much less effective. **Excedrin** also contains caffeine — the equivalent of one-half cup of coffee per tablet.

In sum, according to the editors of Consumer Reports books in **The Medicine Show**, from which much of this information was gathered, the best non-prescription pain reliever in a comparison of aspirin and its competitors is aspirin itself. Various 'house', generic, or 'no name' brands are all that is needed — for well under $1 per 100 tablets.

If one is convinced that 'buffered' aspirin is necessary, there are cheaper generic alternatives to **Bufferin**. If for certain medical reasons — stomach disorders or allergies, for example — an aspirin substitute is indicated, there are generic alternatives to **Tylenol**, **Aspirin-Free Anacin**, and others.

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[1] Costs vary by retailer and quantity purchased. Quoted prices are for drugs purchased in late 1978 in a small western town.

In examining the ingredients, price, and efficacy of OTC medications, ask participants to write down radio advertising claims or bring in magazine ads. Have a critical look at them. For example, the ingredient 'doctors recommend most' is actually aspirin, available cheaper as a generic purchase. Since many advertisements for OTC products contain misleading, sometimes outrageous, and often amusing information and contrived situations, this should be a fun-filled session.

While you are refuting advertisers' claims, you also might offer guidelines for spotting quackery in the health machine and medicine trade. Beware of products that base their sales appeal on such concepts as:

- a secret machine or formula is claimed as a disease cure;
- advertisements or case histories and testimonials are used to promote such cures;
- advertisers clamor for medical investigation;
- advertisers claim that they are being persecuted by organized medicine.

Doubts about a treatment or cure can be checked through a number of reliable public agencies. Be aware, however, that no agency regulates false claims on radio, T.V., in books, or newspapers.

Food and Drug Administration
Federal Office Building
Room 5003/909 First Avenue
Seattle, WA 98104

Federal Trade Commission
Bureau of Consumer Protection
Washington, D.C. 20580

(for information and complaints about mail order products)

U.S. Postal System
1220 Pennsylvania Avenue, N.W.
Washington, D.C. 20260

The American Medical Association
Bureau of Investigation
535 North Dearborn Street
Chicago, IL 60610

PRESCRIPTION MEDICINE

It is not possible, nor is it advisable, to examine each participant's drug regimen. It is more useful to make everyone aware of the questions they should ask their physicians and pharmacists when medications are prescribed or bought. Participants need a handy method of collecting and using the information; thus it will be useful to reproduce the following chart for participants. As an in-class exercise they can fill in the form to determine what they do and don't know about their own medications. Participant's should include the completed forms with their home health records.

Medication Information

Drug Name & Purpose: ________________

Size/Color/Shape: ________________

How many times & when should I take it? ________________

When should I be finished taking it? ________________

What should I avoid taking it with?
(alcohol, certain foods, certain drugs) ________________

What effects should I experience? ________________

Under what conditions should I stop taking it?
(side effects) ________________

Prescribing health practitioner & telephone #: ________________

Pharmacist's name & telephone #: ________________

Encourage participants to make use of their pharmacist as an information source. There are a number of services which most pharmacists will provide. They will, for example:

1) Keep a medication profile and check it to assure that incompatible drugs are not being used.
2) Explain what each drug is for and how it should be taken.
3) Clearly label the drug with the name, instructions, expiration date, and the physician's name.
4) Make deliveries and provisions for emergencies.
5) Confer with patient and doctor regarding a generic or less expensive brand name drug.
6) Help choose OTC drugs.

Information about medications is for everyone but there are some age-specific factors seniors should be aware of. Older people are more susceptible to illness and therefore consume more drugs than younger people. Therefore, chances for error abound. Remind people not to take medications in the dark or in poor light. Physiological changes — slower digestion, poor circulation — can slow drug absorption and render drugs less effective. Remember society's stereotype of the older individual as senile. Mental confusion and forgetfulness could be a reversible drug reaction.

DISCOUNTS FOR SENIORS

Many drugstores give discounts to seniors based on the volume of medication used by older people. Ask a few class participants to do some price comparisons for commonly used medications. Who offers the 'extras' in your shopping area, such as emergency services, home delivery, rental of medical/surgical supplies? Added services may be worth slightly higher prices. If there is no discount offered in the community devise a strategy for obtaining one.

SESSION VI: RECOGNITION AND TREATMENT OF COMMON ILLNESSES

How can a home health guide help people to examine symptoms and decide,"Shall I see a doctor, or treat myself?"

BY THE END OF TODAY'S SESSION, PARTICIPANTS WILL BE ABLE TO:

- Describe some emergency situations which require professional help.
- Trace a symptom or group of symptoms through their textbook and determine a treatment plan.

MATERIALS AND RESOURCES FOR THIS CLASS:

Course textbook.

Blackboard, flipchart, masking tape, and notepaper.

COMMON ILLNESSES

A facilitator might find that two sessions are required to cover effectively even some of the common medical problems which affect the elderly. As in previous sessions, teaching the **process** of arriving at sensible conclusions is more practical for participants than examining everyone's specific concerns. Nevertheless, a good deal of content can and should be covered.

Ability and confidence in managing non-threatening illness depends on having a home reference guide which can be understood easily. The objective for this session(s), then, is to teach participants how to use their guides.

RECOGNIZING SYMPTOMS

The decision to see or not to see a doctor depends upon a person's subjective and objective evaluation of symptoms. One of the best reasons for promoting self-care is the realization that **everyone** observes and makes a diagnosis of clinical events. Naturally, not everyone makes the best choice in every instance. Adequate self-care information can minimize errors of judgement and enhance wellness.

Participants should be aware that health information is of a general nature. It cannot account for individual differences. Hence, upon review of symptoms, a health professional may suggest treatment contrary to the book or other literature. It is most important to assure people that receiving contrary advice does not diminish the value of self-care. In fact, if a person does receive contrary advice, the decision to seek professional care was clearly a proper one.

How can people minimize the risk of delay or misdiagnosis? Certain symptoms or combinations of symptoms serve as cues for an individual to seek professional help. Some symptoms require immediate professional attention, while others are less serious but still do not lend themselves to home treatment.

Help participants compile a list of those symptoms that require professional attention. People will already be familiar with many of them if they have examined their text.

Form small groups and assign to each one a 'condition' — cold, broken bone, chest pain — and have them report the circumstances under which professional help should be sought. The following is a partial list:

Condition	When to Seek Professional Help
Cuts	When fever, pus, extensive redness, and swelling are present; if injury is to a major nerve or blood vessel; if dirt and other foreign matter cannot be removed.
Breaks	If limb is cold, blue and/or numb; if there is a possible fracture of the pelvis or thigh; if victim is sweaty, pale, dizzy, and thirsty.
Head Injury	If there is bleeding from the eyes, ears, or mouth; if there is severe injury.
Colds	If fever persists longer than one week; if other symptoms last longer than two weeks.
Cough	If accompanied by a temperature over 102°F **or** a temperature over 100°F lasting longer than four days.
Headache	If accompanied by a fever and a stiff neck and/or visual difficulties.
Chest Pain	If associated with shortness of breath; if there is an irregular pulse, sweating, dizziness; if there is severe pain.

With the use of a blackboard or overhead projector, explain how a self-care book can be used. Don't assume that everyone is familiar with how an index or table of contents is used to guide the search for information. Use of flow charts (such as those found in **Take Care of Yourself**) require more assistance.

After the demonstration, divide the group into small panels of 3 - 5 individuals. Have each panel choose an illness of concern to them collectively. Copy the following list on the blackboard to aid them in their choice. You can remind them also of the various needs assessments carried out in earlier sessions.

The following conditions affect the elderly:

upper respiratory illness
hoarseness
swollen glands
dandruff and other dry skin conditions
psoriasis
sunburn
sores on the lips and gums
neck, back pains
vaginal bleeding
headaches
weakness
dizziness/fainting
heartburn
abdominal pain
constipation
rectal pain, itch, or bleeding
painful, frequent urination

Each group should be given sufficient time to examine a topic and prepare an oral presentation on the illness or condition with the following questions to be answered:

1) What are the 'key word(s)' that would lead one to the proper page, section, or chart in a self-care guide?

2) What are the symptoms of this illness/condition: Does any one of them indicate an emergency?

3) Is home treatment recommended? If so, describe it and the conditions under which it is indicated. Are there unsafe or ineffective treatments commonly used by people?

4) Is professional treatment ever indicated? If so, describe it and the conditions under which is it indicated.

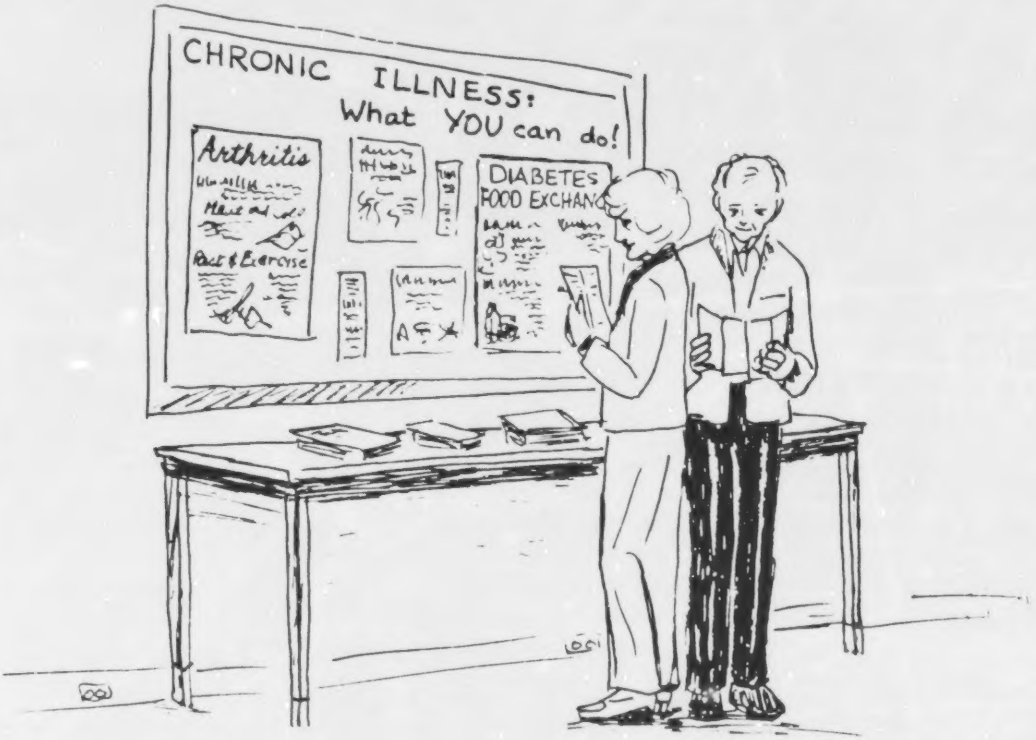
5) Could this illness/condition have been prevented? How?

6) Are there any myths or common misunderstandings about this illness/condition?

After each presentation, underscore major points to be remembered.

SESSION VII: CHRONIC CONDITIONS

What are some basic facts about common chronic illnesses? Home maintenance and chronic illness. Recommended examinations for cancer screening. Reducing the risk of developing chronic conditions.



BY THE END OF TODAY'S SESSION, PARTICIPANTS WILL BE ABLE TO:

Goals for this session should be specific to the chronic conditions you decide to cover. An understanding of symptomology, prevention, and maintenance skills are appropriate topics around which goals can be developed.

MATERIALS AND RESOURCES FOR THIS CLASS:

Check with local chapters of national foundations or associations for self-help literature. Examples: American Heart Association (for hypertension); Arthritis Foundation; American Diabetes Association.

Arthritis: A Comprehensive Guide by Fries, James M.D., Addison-Wesley, 1979.

The Arthritis Helpbook by Lorig, Kate R.N., Dr. P.H., and James Fries, M.D., Addison-Wesley 1980.

Blackboard, flipchart, masking tape, and notepaper.

CHRONIC CONDITIONS

Some of the chronic conditions listed below will be of concern to participants. Based on your previous assessment of class members' needs you can decide:

1) which conditions should be covered;
2) if general information on the conditions including diagnosis, prognosis, and treatment is appropriate.
3) if home maintenance for those with the condition should be the focus of your class.

Chronic conditions you are likely to consider:

Arthritis
Diabetes
Disability due to stroke
Hypertension
Overweight
Cancer
Gout
Cardiovascular Disease
COPD (such as bronchitis and emphysema)
Prostrate
Kidney
Glaucoma

There are national organizations, many with regional or state chapters, which deal exclusively with a single chronic condition, such as the American Diabetes Association, American Cancer Society, or Arthritis Foundation. You can request copies of their literature, arrange for use of display models, and perhaps recruit knowledgeable speakers. Local individuals who have a chronic condition can be asked to speak at the sessions, describing how they cope with the condition on an emotional level and providing tips which make daily living and activities easier. Remember to follow the guidelines which apply to facilitators, or your class may not receive the intended messages. You can augment guest presentations by speaking on the subject of prevention and early detection whenever this is appropriate.

To keep self-care interests active beyond the present program, encourage participants who share similar medical problems to convene regularly as **a self-help group.** Illustrative of this would be a group of people with high blood pressure who meet weekly for lunch and share salt-free recipes, relaxation techniques, and other helpful coping techniques. Group members might create a library of hypertension materials and could own a sphygmomanometer to monitor their blood pressure periodically. They may choose to have health professionals address the group from time to time. Each self-care group is unique. Assist them, but don't over-direct their activities.

SELF-CARE FOR ARTHRITIS

Arthritis affects one in four families, so it is likely that your class participants will want to cover this topic. Only one-third of those affected by arthritis ever seek medical help. The majority of those who seek treatment do not understand which of the more than 150 kinds of arthritis they have. The facilitator's goals are to identify some types of arthritis, describe for people what they can expect from the condition, and cover what they should be doing for treatment. By way of example, coverage of rheumatoid arthritis follows.

Rheumatoid arthritis is a chronic inflammation in the body. Symptoms include general fatigue, soreness, stiffness, and aching in the joints. Some redness and swelling may develop over the joints.

If a person suspects arthritis, a professional diagnosis is essential, but, in the absence of a cure, day-to-day care is the responsibility of the individual.

The purpose of a treatment program is to:

- relieve pain;
- reduce inflammation;
- prevent joint damage;
- prevent deformities;
- keep joints mobile and functioning;
- restore motion to affected joints; and
- preserve normal life as much as possible.

Treatment includes general rest, exercise, heat application, and medications.

A person's sleep needs may increase to 10-14 hours a day. This can cause some people to feel guilty about being less productive. It most certainly will require a restructuring of family activities to allow for nap times. In addition to general rest, there may be a need to rest specific affected areas.

Exercise guards against the loss of each limb's full range of motion. People must be convinced that daily tasks are **not** a substitute for exercise. A physical therapist should be consulted to provide a complete program which exercises all joints and strengthens muscles. An exercise program can be tedious, and people need to be motivated toward incorporating it into their lives. If people currently are exercising or have plans to begin, caution them to listen to their bodies, to start slowly, and not to over-exercise. If pain persists two hours after the exercise period, the person has done too much. Exercise levels should vary with the amount of pain the person is experiencing at the time.

Heat is a helpful treatment. It relaxes muscles and distracts the mind from arthritis pain. A hot bath or shower in the morning and at bedtime is generally recommended for those with arthritis.

Medications for arthritis include anti-inflammatory drugs (cortisone and non-cortisone types), immune system supressives, and special-action rheumatoid arthritis drugs. People should be as knowledgeable as possible about the drugs they are taking. Because aspirin is used commonly, you may wish to discuss it in detail. Many people forget that aspirin is a drug. Some people truly have aspirin allergies, but the person who suspects an allergy often is experiencing side-effects which can be alleviated by dosage modifications or by substituting aspirin preparations. It is worth mentioning aspirin's effects. Aspirin can reduce minor pain, but larger doses will not reduce major pain.

Sustained levels of aspirin in the blood greatly reduce inflammation, but toxicity should be watched for. Signs include ringing in the ears and decrease in hearing. Other possible problems include stomach irritation which, if unchecked, could lead to bleeding and ulcers. Arthritis sufferers should find a doctor who is willing to discuss a personal treatment plan. Professional support is necessary.

There are bogus treatments offered for the relief or cure of arthritis. Quackery flourishes for a number of reasons. Arthritis can leave people feeling desperate after years of pain and discomfort. They want to believe that there is a cure. In addition, arthritis has a cycle. If a person takes a quack treatment and his/her condition goes into remission, the relief erroneously may be attributed to the treatment. Some relief also can be attributed to the placebo effect.

Cover questionable treatment procedures: copper bracelets, acupuncture, radium baths, food supplements/vitamins, and DMSO. Help people to formulate ways in which quackery can be identified.

Arthritis care should be woven into other areas of your self-care course because:

- The condition requires a health professional's diagnosis and treatment plan. This requires good communication between patient and doctor, a learned skill.
- Medication may be required, and this involves self-care skills as well. Can and will a person ask the important questions about medication?
- Exercise and weight control are important in treatment. This involves proper nutrition as well.
- Arthritis has an effect on mental wellness. Emotional distress can cause a flare-up of the condition. Arthritis can upset the balance of family life. Some people with arthritis won't recognize the need for help, and this places stress on all who are near him/her.

Some of the material outlined above can be used for lectures. Thoughtful discussions can be used to present facts. Have people brainstorm about their personal problems associated with arthritis and work toward finding solutions. Learning how people cope with their arthritis-related problems is of great value. Remind people that devices which aid daily living should not substitute for what a person is able to do. All people, especially those with arthritis, should use their limbs as much as possible.

CANCER

Cancer is an uncontrolled growth and spread of abnormal cells. A common link among all forms of cancer is the fear people have of contracting it. The American Cancer Society has a list of 'Warning Signs of Cancer'. The first letter of each sign combines to spell the word CAUTION:

Change in bowel or bladder habits

A sore that does not heal

Unusual bleeding or discharge

Thickening or lump in breast or elsewhere

Indigestion or difficulty swallowing

Obvious change in a wart or mole

Nagging cough or hoarseness

People who what more information can call Cancer Information with a toll-free number, 1-800-638-6694. This is provided as a service of the National Cancer Institute. The American Cancer Society has literature which discusses ways to cope with the problems of cancer. Support groups exist for specific conditions such as breast cancer, as well as general coping groups. The American Cancer Society, with its wide network of local chapters, is easy to contact.

Many people are needlessly frightened about cancer and waste much money on unwarranted checkups. The American Cancer Society recommends the following guidelines for the early detection of cancer in people over 40 who have no symptoms:

Test or Procedure	Sex	Age	How Often
Chest X-ray	— not recommended —		
Sputum cytology	— not recommended —		
Sigmoidoscopy (visual examination of colon and rectum)	M&F	over 50	every 3-5 years; after 2 neg. exams 1 year apart
Stool guaiac slide test (for hidden blood in stool)	M&F	over 50	every year
Digital rectal examination	M&F	over 40	every year
Pap test	F	20-65	at least every 3 years; after 2 neg/ exams 1 year apart; More frequently in high-risk women[3]
Pelvic examination	F	over 40	every year
Endometrial tissue sample (from the uterus)	F	at menopause women at high risk[1]	at menopause
Breast self-examination	F	over 20	every month
Breast physical examination	F	over 40	every year
Mammography	F	between 35-40 under 50 over 50	baseline consult personal physician every year
Health counseling and cancer checkup[2]	M&F	over 40	every year

[1] history of infertility, obesity, failure of ovulation, abnormal uterine bleeding or estrogen therapy.

[2] to include examination for cancers of the thyroid, testicles, prostate, ovaries, lymph nodes, oral region, and skin.

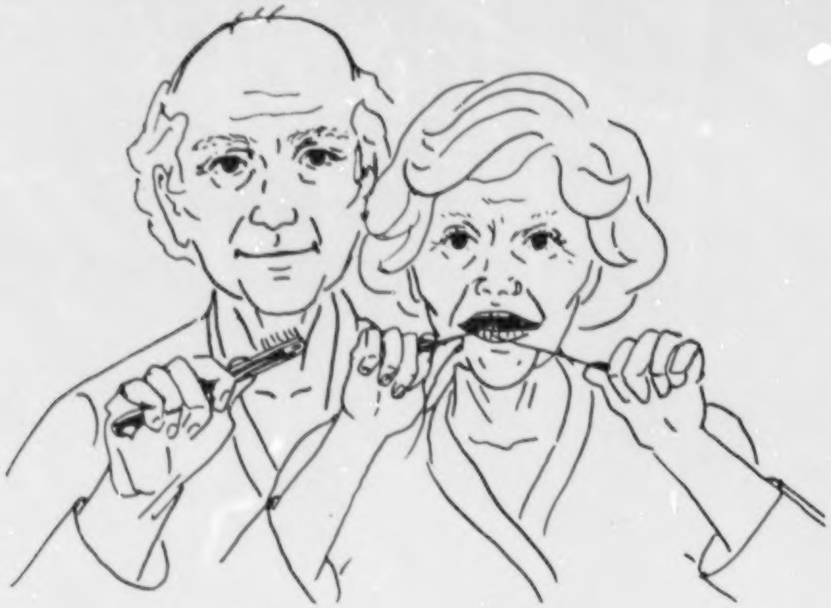
[3] early age at first intercourse/multiple sex partners.

Other information of a general nature:

- Cigarette smoke is the main cause of lung cancer and contributes to many other cancers. It is almost entirely avoidable. If people stop smoking, even if they have smoked for years, the chance of contracting cancer is reduced.
- Excessive exposure to sunlight can be responsible for skin cancer.
- A high fiber diet may reduce the chances of getting cancer of the colon.
- Laetrile doesn't work. Cancer quackery is a big business.

SESSION VIII: ORAL-DENTAL HEALTH

How can you keep your teeth forever by practicing self-care? Watching out for gum disease. Why you should replace missing teeth. Denture care. Early diagnosis for oral cancer.



BY THE END OF TODAY'S SESSION, PARTICIPANTS WILL BE ABLE TO:

- Perform the basic oral hygiene skills — brushing and flossing.
- Recognize the signs of gum disease and how to prevent it.
- Examine themselves for oral cancer.
- Understand the proper care of dentures.

MATERIALS AND RESOURCES FOR THIS CLASS:

Course textbook.

Personal toothbrush.

Dental floss.

Disclosing tablets.

Pamphlets on various subjects are available from the American Dental Association, 211 East Chicago Avenue, Chicago, IL 60611.

Blackboard, flipchart, masking tape, and notepaper.

DENTAL HYGIENE

Everyone with some or all of his/her natural teeth has common concerns regardless of age. Brushing and flossing are the two basic self-care skills to learn properly. For this session you might wish to invite a guest facilitator.

Local dentists or their hygienists often are pleased to present to the class. Have the guest facilitator explain why brushing and flossing are necessary. Frequently, there are graphic displays available which readily underscore the need for these self-care skills. Remember that lecture and printed instructions are not enough. The skills must be practiced in class.

Many people find brushing and flossing to be boring, but certain methods can overcome the boredom. For example, after learning how to brush and floss correctly, there is no reason to stand before a bathroom mirror everyday to perform these activities. Since toothpaste is not needed to do a good job, a person is free to brush and floss while watching the evening news or listening to music in the living room.

Especially useful to seniors will be a discussion on denture wear and care. The guest facilitator can be of assistance. Ask him/her to include information on the following:

Hygiene: How should dentures be cleaned, how often, and with what cleaning agent?

Adjusting to new dentures: What problems are encountered in eating, speaking, and sleeping?

Denture repair: Are relining or repair kits a wise investment? What about buying dentures from a denturist rather than a dentist? How can you tell if you need new dentures?

OTHER DENTAL TOPICS

Missing Teeth: A facilitator or guest should discuss the need for replacing missing teeth. A missing tooth, front or back, will cause the others to drift and lean. The new position will change a person's appearance and make it hard to chew, to close the mouth comfortably, and to clean the teeth properly. Further tooth loss can occur.

Gum Disease: Plaque, the layer of bacteria that forms on teeth, hardens to form calculus. Calculus (tartar) forces the gums away from the teeth and creates pockets. The pockets are sites for infections, and supporting bone is destroyed. Eventually, teeth are lost. Gums do recede as we get older, but gum disease is not inevitable. Warning signs of gum disease include pus between teeth and gums, bleeding gums, and gums that have separated teeth. A good dentist should tell patients the condition of their gums, and an activated patient should ask questions regarding the gums.

An Office Visit: The facilitator for this session should describe the office visit. What kind of medical and dental information needs to be discussed between the dentist and patient? What does the initial exam include? When should fees be discussed? Under what circumstances do dental treatment alternatives exist?

Other Questions of Interest to Seniors: When is root canal therapy necessary, and what does it involve? What is the effect of certain chronic conditions (e.g., diabetes) on teeth and gums? What are the different dental specialists and what do they do? What emergency care is necessary for a tooth that is knocked out? How can you use your health record forms as an aid to the early detection of oral lesions? Are electric toothbrushes of value to people with limited mobility? How have dental procedures changed in the past 20 to 30 years? (Many older people cite fear as the reason for avoiding the dentist's office. The fear is the memory of outdated, painful dental procedures.)

SESSION IX: NUTRITION

The balanced diet — can we still use the Basic Four? What's wrong with fads and diet aids? Diet and the older person.

BY THE END OF TODAY'S SESSION, PARTICIPANTS WILL BE ABLE TO:

- Recognize the different food groups and the necessity for balanced eating.
- Critique fad diet books, diet aid claims and advertisements.
- Create a one-day or one-meal menu.
- Read and comprehend nutrition and cost information on food labels.
- Understand the role of certain substances, including salt, cholesterol, fiber, and vitamins.

MATERIALS AND RESOURCES FOR THIS CLASS:

Food Guide for Older Folks, Home and Garden Bulletin #17, and **Nutrition and Your Health — Dietary Guidlines for Americans,** both available from Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

For Older People. Eating Right for Less by the editors of Consumer Reports. Consumer Reports Books, Box C-719, Brooklyn, NY 11250.

A popular fad diet book, diet advertisements, packaging for diet aids.

Blackboard, flipchart, masking tape and notepaper.

NUTRITION

Covering the topic of nutrition can be difficult for a facilitator. Some participants will be headstrong with the erroneous nutrition knowledge they have learned, while others are simply victims of life-long poor eating habits. The media, writers, and merchants have sensationalized the subject of nutrition. Vitamin supplements, fad foods, and diets of dubious worth have attracted large audiences and have meant financial reward for their promoters. Some promoters of worthless, perhaps harmful, information promise longevity, an increase in vigor, or a hedge against the decline into old age. Many elderly individuals are eager to believe such claims. As we strive for simplicity and common sense in all areas of self-care, nutrition should be no exception.

THE BASIC FOUR

This 25-year-old concept of nutritional adequacy is still valid. Most people know the four groups, but how can such knowledge be used in day-to-day living? One uncomplicated method involves outlining the daily requirements from each group and offering information on equivalent portions within each group. This makes one's diet varied and interesting while it remains nutritionally sound.

These equivalent food exchange lists can help people determine how much food from each group is essential. The lists, available from the American Diabetic Association, contain measured servings of each basic food group as well as fat. Each serving on a list can be interchanged with others on the same list. Therefore, you have a variety to choose from without guessing about serving sizes or nutritional equivalents. The lists are too extensive to reproduce here, but an example follows:

A Balanced 1,800 Calorie Daily Menu	**Exchange Example**
5 fruit exchanges	1/2 small grapefruit
3 vegetable exchanges	1/3 cup corn
2 milk exchanges (skim milk)	1/2 cup
9 bread exchanges	1 slice whole wheat
7 meat exchanges	1 egg
5 fat exchanges	1 tsp. margarine

Emphasize that the best way to a healthy diet is through a wide variety of foods chosen from the Basic Four: meats, vegetable / fruit, bread / cereal, and milk.

With their new knowledge of combinations and serving sizes, have participants plan menus or adapt some of their favorite meals. Make use of the senior citizen's kitchen facilities for an active session. Some may wish to put together a recipe book. One suggested activity is to have some participants recall their previous day's menu and check it against the nutritional standards outlined above. Whatever the activity, it should demonstrate knowledge of the food groups.

Remember that each person's requirements are different. Some people may gain weight on 1,800 calories a day; others may not.

There are a number of topics in addition to basic nutrition that you may wish to cover. Judge participants' interest in such topics as cholesterol, salt, fiber, vitamins, and caffeine. Also, consider some of the following topics:

Food and Aging: What nutrition-related changes occur as people grow older? Energy needs diminish with age. If eating habits don't adjust, weight is gained. Greasy food may be harder to tolerate, and digestion may be impaired. There is an increased need for calcium and iron.

Diets: Diet aids and fads should be explained and clearly discouraged. A quick weight loss is usually not long-lasting. For an overweight person to reduce and remain at a proper weight requires a change in eating habits. Medical problems can result from fad or crash diets and / or the use of reducing aids.

For those interested in losing large amounts of weight, suggest they consult with a doctor. For people who need only slight reduction in body weight, suggest sensible eating — eating everything required, but less of it. Proper nutrition and exercise are the key to weight loss. Weight is maintained by the balance of calories burned *versus* calories consumed.

If a person eats 3,500 calories more than he or she burns, whether in sugar or meat, the results are equal — a gain of one pound. Calories **do** count. Use this fact to discourage people from fad diets which favor any particular food or group of foods to the exclusion of a well balanced menu. Ask participants to bring in examples of diets that appear in newspaper and magazine ads. Have them take a critical look using the following guidelines:

1) Fad diets extol the value of special products which are expensive and / or exotic.
2) Testimonials are used to describe the health-giving or restorative properties of the product.
3) Fad diets tend to over-emphasize certain foods or restrict eating to a very limited variety.
4) Fads are usually costly.
5) Quick weight losses are promised.
6) A good figure, rather than good health, is generally emphasized.

Shopping: Smart shopping has two advantages. It helps in preparing nutritious meals and it saves money. Reading the labels on food items can help people accomplish these important goals, but the meaning of the labels is not always apparent. Gather some labels and examine them with the class.

Once participants are able to calculate cost per serving, calories, and nutritional content, they are well on their way to becoming smart shoppers. Devise practice sessions for label comprehension. Panels could compare labels from different brands of bread, soups, and cereal. Close the discussion by talking about some psychological pros and cons related to shopping. If you are tired or hungry, for example, you are likely to make poor purchases. Store brands or 'no name' brands are less appealing but can be equally nutritious and less expensive than brand names. If you shop with a list and know what you have at home, you are less likely to buy on impulse.

THE SOCIAL ASPECTS OF EATING

Beyond the technical facts, fads, and myths which shape our eating habits, nutrition is influenced by our social environment. Only when people become aware of what influences them can they consciously change. Some discussion questions:

1) Do you eat at established mealtimes because the clock says so, or do you eat when hungry?

2) What effect does the television have on your eating patterns? Do you watch while you eat?

3) Do certain feelings (emotions) trigger a desire to eat?

4) What are the differences in consumption (type and amount) when you eat alone or eat with company?

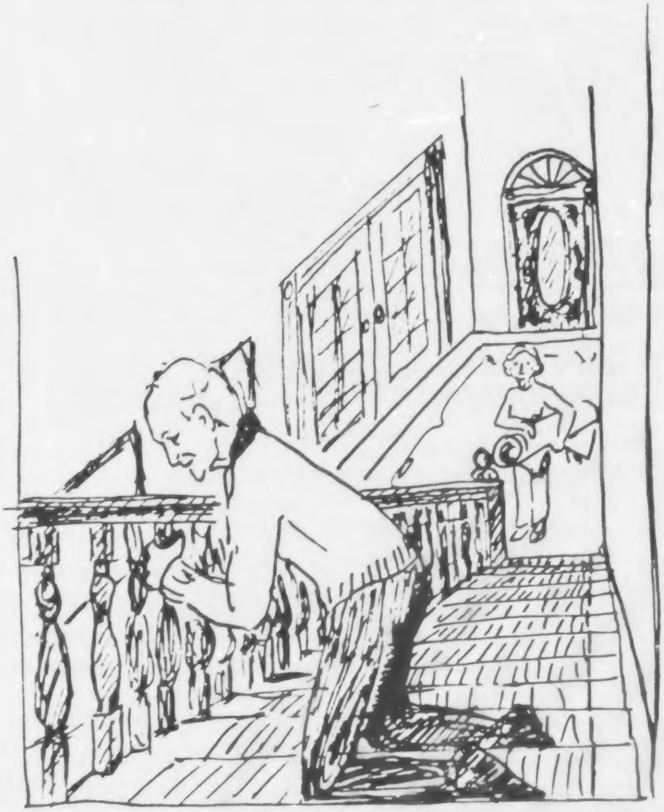
5) Do you rush through food preparation and eating? If so, what effect does this have?

6) Are you disinterested in food because you have difficulty chewing?

7) Is your tablesetting pleasant?

SESSION X: EMERGENCIES AND INJURIES

How can you judge the seriousness of accidents and injuries? Emergency care. How safe is your home?



BY THE END OF TODAY'S SESSION, PARTICIPANTS WILL BE ABLE TO:

- Determine when burns, cuts and other injuries can be dealt with at home and when they require professional treatment.
- List symptoms of a possible heart attack and determine appropriate action.
- Examine their houses in a room-by-room search for safety hazards.

MATERIALS AND RESOURCES FOR THIS CLASS:

The People's Emergency Guide Jeffrey Weiss, ed., Dell Publishing, 1980.

CPR film and training dummy. These are often available from local Emergency Medical Technicians (EMT) or Quick Response Units.

Bandages, splints, and the like.

Blackboard, flipchart, masking tape, and notepaper.

EMERGENCIES

First Aid courses and CPR are widely taught today, even in remote areas. If participants in your class have been offered these classes, you may wish to delete an extensive review of this material or make an optional session to cover these topics. If you decide to cover emergencies, here are some suggestions.

Use participants' self-care handbook to review injuries — burns, sprains, cuts — and cover symptoms of illness which may be indicative of emergency situations, including shortness of breath, chest pain, cold sweats, and others.

Have one or two participants be responsible for recording the emergency numbers in your area and making them available to others in useable form. Stick-ons for the medical records folder for the telephone are useful. Stage a mock accident or other emergency condition — a severe blow to the head, heart attack — and have some volunteer 'rescuers' intervene. Have a panel discuss the rescue procedure and advise the class on its effectiveness and appropriateness. Can people establish priorities for emergencies?

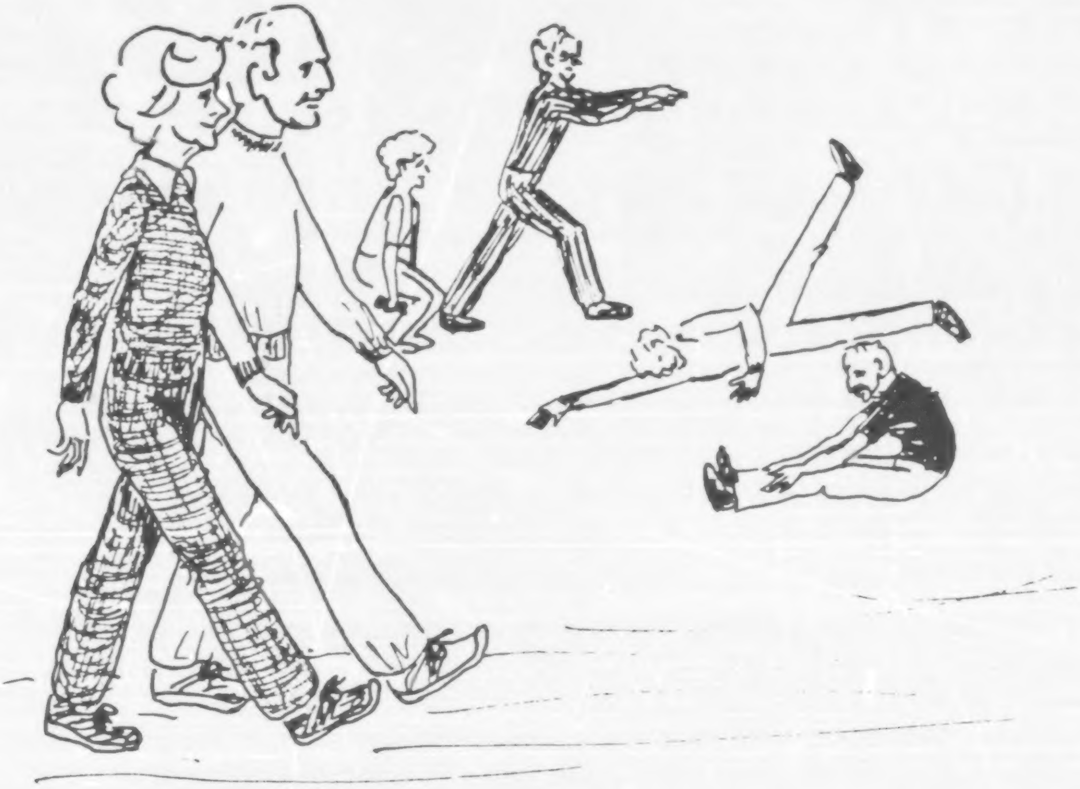
HOME SAFETY

Home safety is important, especially for those who live alone. Help people perform a room-by-room diagnosis of their home environments. Participants can list the major dangers to be found in each room, and a point value can be assigned to each danger. Each participant can rate his/her own home and make plans to correct unsafe conditions. Some examples of hazards:

> **In the kitchen:** Sharp knives and utensils scattered in a drawer; paper products stored near the stove; heavy objects stored on high shelves; electric cords draped over appliances; unlabeled poisonous materials.
>
> **In the bathroom:** No nightlight; a bathtub without slip protection; hot water temperature above 130° F; electrical appliances near wash basin or tub.
>
> **In the living room and hallways:** Loose floor boards and rugs; broken or missing handrails; inadequate lighting; a telephone that cannot be reached by a person lying on the floor; no spark screen on the fireplace.

SESSION XI: EXERCISES, ACHES, AND PAINS

Is exercise helpful for good health? Alternatives to medicine for the relief of back pains and other areas of frequent pain. Healthy feet.



BY THE END OF TODAY'S SESSION, PARTICIPANTS WILL BE ABLE TO:

- Determine if their current level of exercise is adequate to maintain or enhance their health.
- Know which exercises will improve strength, flexibility, and endurance.
- Apply home treatment for minor back and other pains.
- Recognize common foot problems and their treatment.

MATERIALS AND RESOURCES FOR THIS CLASS:

Pep Up Your Life. A Fitness Book for Seniors. Marketing Services Dept., The Travelers Insurance Companies, One Tower Square, Hartford, CT 06115.

The New Aerobics, Kenneth H. Cooper, M.D., Bantam Books, 1970.

Blackboard, flipchart, masking tape and notepaper.

EXERCISE

This session should motivate people to engage in regular exercise programs such as a competitive sport or other activity that suits their interests. Since personal experience can motivate your group, ask a senior citizen to speak to the class about his/her exercise program. A class member who has maintained an obvious level of fitness is an excellent choice. Your guest should cover the following subjects:

- What physical and mental health benefits are felt as a result of exercising? A before/after comparison can be suggested.
- What frustrations (early and continued) are encountered, and how are they overcome?
- What effect has the exercise program had on the person's social life? Did it help him/her meet new friends or develop new interests?
- What kind of preparation is needed before exercising? Are there warm-up exercises? Are any special clothes or equipment recommended?

You will need to provide participants with information on the three body improvements associated with exercise: strength, flexibility, and endurance.

Exercises that develop and maintain muscle tone and muscle strength can keep a person's back from hurting and lessen strain on joints. Muscles must be worked against resistence to maintain tone. Calisthenics and light weights can be used to build strength. At a certain time in one's life it becomes impossible to improve muscle strength, but a decline in strength can be slowed with regular exercise.

Flexibility exercises help people maintain the full range of motion of their limbs. Gentle but frequent stretching exercises increase flexibility. Such exercises slow the development of arthritis.

Endurance exercises improve the condition of the heart, lungs, and blood vessels. Endurance is built by keeping the pulse elevated for a specific amount of time, three or four times a week. Swimming and jogging are popular endurance exercises, as are brisk walking and bicycle riding. The cardiovascular fitness one builds through endurance exercise can increase a person's energy and enthusiasm for the day's work and recreation. There is evidence suggesting that cardiovascular fitness can lengthen life.

Finally, an exercise program can help a person maintain normal body weight (or lose weight), reduce tension, and improve balance and coordination.

STARTING A PROGRAM

Consultation with a health professional is advised for those who want to improve their cardiovascular fitness. A long period of inactivity must be reversed slowly. What a fit person considers moderate exercise could be a serious strain for an inactive individual.

People have some misconceptions about exercising and these misconceptions keep many from beginning a program:

Exercise is exhausting. If exercise causes exhaustion, you have done too much to early in your program. Exercise should leave a person refreshed, not fatigued. You might walk one block three times a week at first. Months later you can be walking two miles or jogging.

Exercise cannot help you lose weight. You'd have to run 35 miles just to lose a pound. Exercise isn't a method for quick weight loss, but a regular program does reduce appetite and accelerate the body's use of food (i.e. burn calories). A moderate, regular exercise program can help you maintain proper weight over the years.

I don't have the time. Preparation, exercise, and washing should take about one hour a session. Total time per week will be close to three hours. Do some exercises in class, using those which can be done by people who have not exercised with regularity. Have community information available so people who are considering an exercise program can find an appropriate local resource, such as a club.

EXERCISE FOR RELIEF OF BACK PAIN

Back pain has a number of possible causes, including certain illnesses, poor posture, and stress. Back pains associated with arthritis are of particular concern to the elderly, as are those pains associated with age-related changes in the spine. Severe or chronic pain requires consultation with a health professional. If therapeutic exercise is recommended, the individual takes major responsibility for the treatment. Many rural hospitals have physical therapists who can outline common treatment plans. People with back pains can be encouraged to investigate their problem more carefully. Therapeutic exercise requires the same dedication and caution noted for general exercise programs. Individuals should start slowly and, over time, increase repetitions and the over-all length of the exercise period.

FOOT HEALTH

Independence is reflected in the ability one has to move freely from one place to another. Healthy feet, then, are essential to independence and crucial for those who wish to exercise. Help participants become aware of common foot conditions, their prevention, and their treatment, including the following:

> **Athlete's Foot:** A fungus-caused skin disease. The warmth and moisture of the feet enhance the growth of the fungus. The **Healthwise Handbook** and **Take Care of Yourself** describe the problem and outline home treatment.
>
> **Bunions:** Misaligned big toe joints, heredity, ill-fitting shoes, or weakness in the foot's structure are all possible causes.
>
> **Corns and Calluses:** Protective growths over areas subjected to pressure and friction. The disorder causing the corns/calluses must be corrected.
>
> **Ingrown Toenails:** Generally due to improper trimming. Prevention and home treatment are described in the **Healthwise Handbook.**

Warts: A skin growth having a nerve and blood supply caused by a minor, local, viral infection. Regular home treatment is suggested in the handbooks.

The essential elements of proper foot care are summarized in the following:

Feet should be kept clean and dry. Foot powder and a change of socks can prevent athlete's foot.

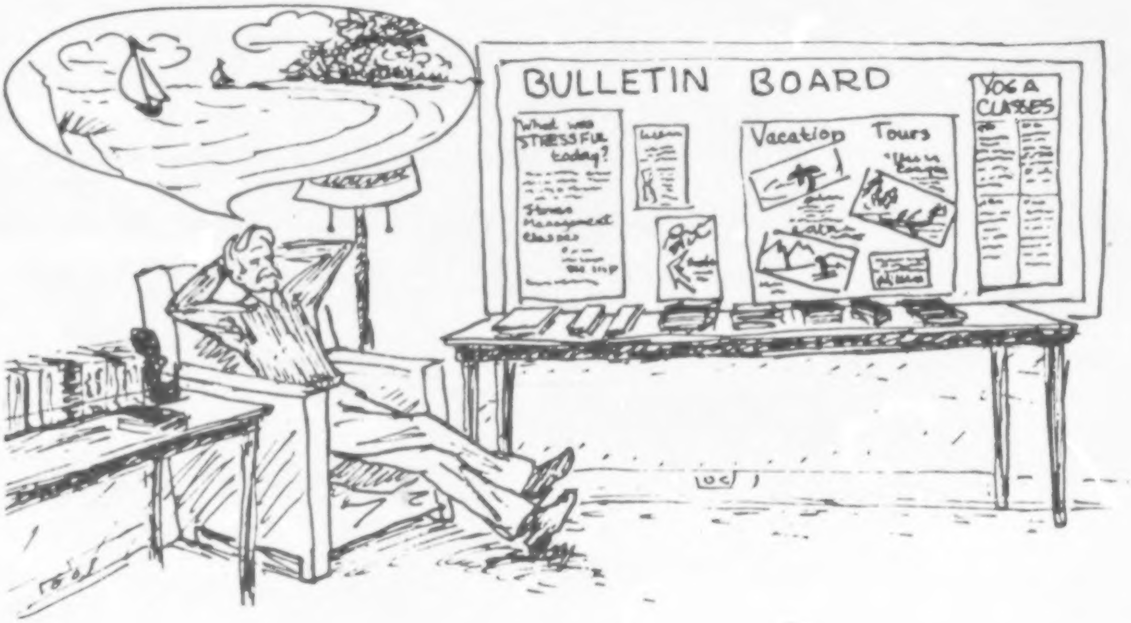
Toenails should be kept trimmed. Cut toenails longer than the tip of the toe and **straight** across.

Use care when applying medication to remove warts.

Do not delay treatment. Burns, cuts, and frostbite should be treated promptly.

SESSION XII: MENTAL WELLNESS

How can you improve communication with friends and relatives? Stress — define it and cope with it. Skilled relaxation.


BULLETIN BOARD
What was STRESSFUL today?
Stress Management Classes
Vacation Tours
YOGA CLASSES

BY THE END OF TODAY'S SESSION, PARTICIPANTS WILL BE ABLE TO:

- Define and use the skill called *active listening*.
- Recognize that certain inescapable life events are stressful.
- Plan for the reduction of stress and prepare for events expected to be stressful.
- Practice skilled relaxation.

MATERIALS AND RESOURCES FOR THIS CLASS:

The Relaxation Response. Herbert Benson, M.D., Avon Books, 1975.

Stress. Vol. XXV, No. 1 of Blue Print for Health, 1974. Available through Blue Cross programs. This booklet contains a stress index.

Blackboard, flipchart, masking tape, and notepaper.

COMMUNICATION

Communication is a significant part of people's lives. It is no wonder that the ability to communicate has a bearing on emotions and affects the quality of life. The exercise outlined below can be useful in generating discussion about the relationships participants have with family and friends. The exchange of ideas and thoughts among participants is crucial to the success of the exercise.

BUILDING COMMUNICATION SKILLS[1]

This exercise can improve participants' communication skills. Through a short lecture and active involvement in a task, people will examine the skill of active listening.

The facilitator should describe the goals of the exercise:

1) To develop listening skills.
2) To recognize barriers that prevent people from listening.

The facilitator should devote 10 minutes describing listening and the problems associated with listening.

Many people have a tendency to react orally to what people tell them. In some cases, people respond by agreeing or disagreeing with what has been said. Responses to what someone has told us can take other forms as well: interpreting, criticizing, judging, and distorting, for example. It is important to realize that being asked to listen is not always an invitation for us to express our opinions or moral judgements. Sometimes we are being asked to remain neutral while a person voices a concern or a problem and works toward a solution. It is impossible to determine a meaning without interpreting, but to impose our own values would distort what is said.

Ask participants to provide examples relevant to their lives, such as retirement issues, independent living, or being with offspring, or suggest such topics.

Participants are ready now to practice active listening.

Possible Activities

Have participants create a list of topics that cause disagreement. A local political issue or how the senior center should spend its money, retirement issues, and living with offspring are examples. Use the blackboard to record the suggestions. Each group will have an individual designated A, B, and C.

> **Round 1:** Assign roles. A = speaker, B = listener, C = referee. The speaker chooses a topic from the list and speaks on it, at a pace the listener can follow, for one or two minutes. (Exact time should be determined beforehand.) **The listener can not speak or interrupt.** After the

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[1] Adapted from **A Handbook of Structured Experiences for Human Relations Training**, Vol.1, J.William Pfeiffer and John E. Jones, Editors. La Jolla University Assoc. Pub. 1974.

speaker finishes, the listener summarizes what he/she has heard. The referee notes to him/herself if the listener omits, distorts, adds to, responds to, or interprets what the speaker has said. The entire process from speaking to summarizing should take about five minutes.

Round 2: Same procedure but with roles changed. C = speaker, A = listener, B = referee.

Round 3: B = speaker, C = listener, A = referee.

Follow round 3 with a group discussion. The following questions are suggested to encourage discussion:

- What was the purpose of this exercise?
- What are the particular difficulties of being speaker, listener, referee?
- In general, what did you notice that could hinder effective listening?
- Did you notice any body language messages such as constant eye contact, avoidance of eye contact, or defensive postures?
- What have you learned about your own style of speaking? Do you suspect the problems with others understanding you might, on some occasion, have something to do with your style of communication?
- As a listener, did you have greater problems summarizing topics that you did not agree with? If so, why?
- What use can you make of this exercise in your own life?
- Was there anything about this exercise that you particularly liked or disliked?

Another possible activity involves giving each speaker a typed paragraph or two which defends an issue. It should have emotional content as well as a factual one. After the speakers of each group read their scripts, have the listeners gather together to recreate what they heard while one person takes notes and the rest of the group watches. Compare the original text with that written by the listeners. Discuss the experience using some of the questions listed above.

STRESS

The topic of stress occupies a prominent place in popular self-help literature. Excessive stress, termed distress, has been linked to illnesses including ulcers, heart disease, and hypertension. On an emotional level, excessive stress can leave people impaired, unable to reach their goals and to derive satisfaction from life. Everyone experiences stress. Stress is a reaction, an adaptation of our bodies to the demands of our environment. Without some stress we would not be alive.

Life in the 20th century exposes people to many stresses that the body finds difficult to diminish. Comparing different causes of stress is one way participants can come to understand the problem of stress in their lives. One example of a stressful situation involves a near-miss of two automobiles. At the moment each driver anticipates a collision, and for some time afterward, there are certain physical reactions such as tenseness, increased heart rate, and sweating. As danger passes, fear subsides and each driver's body returns to normal.

A different example of a stressful situation, common to some elderly, is retirement. How is it possible for the body and mind to react to retirement? They can and do but in ways dissimilar to the reactions experienced in the near-miss automobiles described above. Ask participants to describe how the two stress-producing situations are different, and use this example to illustrate that modern day stress is not easy to deal with because there is no immediate response that a person can make to alleviate the effects. For some people retirement is stressful because they fear financial hardship, too much unstructured time, or a sense of uselessness. A person cannot alleviate the stress of retirement as easily as he can recover from the stress of a near-miss accident. Hence, the physical reactions will not easily subside, and excessive wear and tear on the body can result.

One popular method of examining stress in a classroom setting is to use a stress index/a list of stressful events with an assigned point value for each. The object of the exercise is to quantify the amount of stress a person is facing, recognize the cumulative nature of stress, and reflect on each event.

The Social Readjustment Rating Scale[1] lists 43 stressful life events. Even if you do not use this list in class, participants should be able to think of many events that appear on that list if you give them the opportunity. Many stressful events, such as holidays and arguments with a spouse, are common to all age groups, but there are many events more likely to occur in an elderly population. Some examples include death of a spouse, family member, or close friend; personal injury or illness; a change in financial status; retirement or other change in work hours or conditions; and a change in residence or living conditions.

If participants are given a list, or create a list, have them independently assign a value to each stressful event. Remind them that happy events are stressful too. The purpose of this activity is to show that individuals have unique perceptions about the amount of stress that is caused by an event. The activity also allows people to write down the stressful events in their lives. Identification is the first step in dealing with stress.

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[1] by T.H. Homes, and R.H. Rahe. Reproduced in **Stress**, Vol.XXV, Number 1, Blue Print for Health, The Blue Cross Asociation, 1974.

COPING WITH STRESS

One way to cope with stress is to plan for the stressful event. Lead a thought-provoking discussion on how people have handled stressful periods in their lives, perhaps death of a loved one, an illness, or retirement. Emphasize that there are some positive aspects in any change.

Relaxation as a means of dealing with stress has gained recent popularity among health professionals and lay people. It is often called *skilled* relaxation to distinguish it from simply resting or lounging at the end of a day's work.

Skilled relaxation, like exercise, has been shown to decrease blood pressure over time. Other benefits noted by people who practice relaxation include a general sense of well-being, less frequent depression, a more positive attitude, and increased confidence.

Herbert Benson, M.D., in his book **Relaxation Response**[1] suggests that relaxation, like anger, contentment, and excitement, can be elicited at will by anyone. The effort is minimal. The technique he uses has the person sit quietly with closed eyes, deeply relaxing all muscles from the feet to the face. Dwelling on a single syllable word such as *one* while breathing out through the nose is suggested to establish a relaxing rhythm for a 10-20 minute period.

If a class member has practiced skilled relaxation or some variation such as yoga, let that person assist with the session.

MENTAL HEALTH RESOURCES

Emotional problems are not always amenable to self-care practices, though self-care has a role in the treatment prescribed by a professional. Review the mental health resources in your community. Fee schedules, types of therapy, and the qualifications of the providers should be considered by individuals before accepting a treatment plan. As an outside assignment, a few class participants can make a survey of the mental health resources available in the community and report to the class. Have an open discussion about the stigma of mental illness, reminding people that the inability to cope with life stresses is not something of which to be ashamed.

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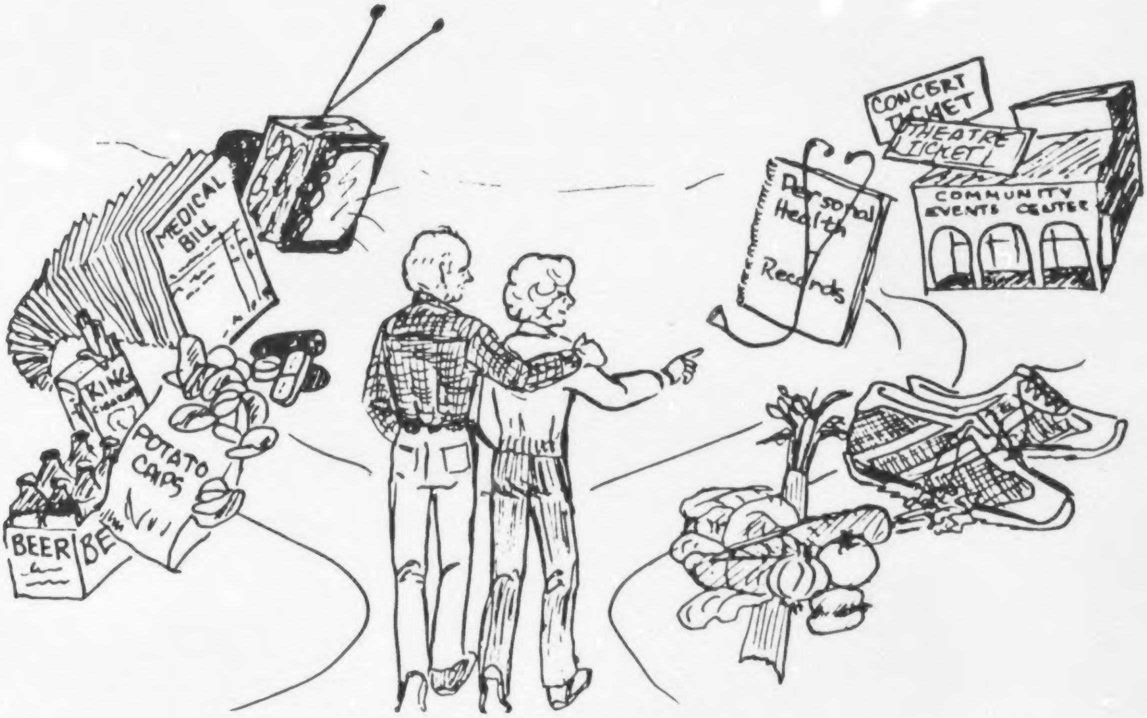
[1] Herbert Benson, M.D., **Relaxation Response.** Avon Books, 1975.

SESSION XIII: A PERSONAL SELF-CARE PLAN

What has been learned? A summary of the Patient Activated Care Program. Evaluating the program and making recommendations for future programs. Developing a personal self-care plan.


MEDICAL BILL
KING
POTATO CHIPS
BEER
BE
CONCERT TICKET
THEATRE TICKET
COMMUNITY EVENTS CENTER
Personal Health Records

BY THE END OF TODAY'S SESSION, PARTICIPANTS WILL BE ABLE TO:

- Assess their over-all health, determine areas of improvement, and list desired changes in order of importance
- Develop plans for some of their desired changes.
- Evaluate the self-care program, level of knowledge, and attitudes about self-care.

MATERIALS AND RESOURCES FOR THIS COURSE:

Self-care plan forms (suggested form included in this outline).

Knowledge questionnaires and other evaluation forms.

Blackboard, flipchart, masking tape, and notepaper.

REVIEW

The final self-care class is a time for review. You should summarize the basic messages of each session, or write the topics on the board and have volunteers recount what the sessions meant to them. As facilitator, you can tie each session to the class theme, a reliance on self. Have participants take a final look at the goal sheets created in the first session, and check that all are satisfied with the coverage of each topic.

A PERSONAL SELF-CARE PLAN

What will the participants do with their new knowledge and changing attitudes? Some may have a growing desire to change certain aspects of their lives, others already may have begun to reach newly formed goals, and others still may need some encouragement to start setting goals.

For those who desire change, assist with the development of a self-care plan. A plan should have the following elements:

- A clear statement of the goal to be reached.
- A time frame in which accomplishments toward the goal can be measured.
- A list of situations which work against reaching the goal.
- A list of situations which will help attain the goal.
- Rewards promised to one's self upon reaching the goal or steps toward the goal.
- The health benefits of reaching the goal.

Here is an example of a self-care plan:

SELF-CARE PLAN

Goal: To walk two miles three times a week.

Schedule to Follow:

Weeks 1 and 2	¼ mile every other weekday
Week 3	½ mile every other weekday
Week 4	¾ mile
Week 5 and 6	1 mile
By Week 10	2 miles

What Will Keep Me From Reaching My Goal? Not enough time set aside; bad weather; bad neighborhood.

What Will Help Me Reach My Goal? Better organization of day's activities; the right clothes; drive to park and then walk there; friend down the street will go with me.

Rewards:

Week 1	A movie
Week 2	Dinner out with walking partner

Health Benefits: Walking will decrease my blood pressure and lower my chances of having heart trouble. I'll have more energy for the day, and my movements will be freer and without pain.

Self-care plans are not for everyone. Some people will find them too stressful and will resist the formality of setting goals. You must be sensitive to, and accepting of, this resistance.

Some considerations in self-care planning:

- For plans that involve diet or exercise, the goal is to establish a life-long change, positive habits which will replace harmful ones. Diet goals, for example, are frequently expressed in terms of pounds lost over a given number of weeks. Yet, to be effective, there must be a commitment to a specific change in lifetime eating habits. Losing a certain number of pounds, however, is important progress toward the over all goal and should appear as part of the plan.
- Plans are not necessarily for life-long changes or regimented programs. A plan could be written for the study of a health care topic or for the way in which a person will deal with an anticipated stressful event.
- Logs, journals, or diaries are helpful to maintain motivation after goals are set.

- A friend or relative should have knowledge of a goal that has been set, because that will provide encouragement.
- An attitude of accepting one's shortcommings should be adopted. Set-backs and failures are likely when people change their habits, but the inability to live up to personal expectations should not be continually discouraging.
- Setting many goals at the outset will burden the individual. Encourage people to start with one or two plans that mean a great deal to them. In your review of each session, people can rank those changes they consider necessary by degree of difficulty and importance.

PROGRAM EVALUATION

If a knowledge questionnaire was used as a pre-test, administer it once again. You can use the remainder of class time to have people comment on the value of the textbook and other reading material, the health topics covered, the learning activities, and other considerations particular to your class. Guidelines for evaluation are presented in the final section of this book.

PROGRAM EVALUATION
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INTRODUCTION

Some method of program evaluation is necessary if you wish to answer two important questions:

1) How did participants react to the organization of the course — activities, subject matter, and guest facilitators, for example?
2) What did participants learn and has it changed their lives?

The first question presents fewer problems than does the second. A sample Session Evaluation is provided as a suggested method of obtaining information which you and other program organizers can use in preparing future programs. The advantage of the Session Evaluation lies in its timeliness. It is administered immediately after an individual session, when the memory of details about guest facilitator's style, class content, and learning activities is at its best.

A Patient Activated Care Workshop Evaluation is suggested for the end of the program. This gives the facilitator a broad overview of how people reacted to the course. Answers to the open-ended question, "What do you plan to do with your new knowledge and understanding of self-care?" will allow you to determine if the concept of self-reliance has taken root.

For a health education program to be considered a success, it must lead to attitude **and** behavior changes which will have positive effects on both the subjective and objective quality of life. For example, if your program motivated a person to exercise, he/she might feel better (a subjective indicator of wellness) and blood pressure could drop over time (an objective reduction in the risk of cardiovascular disease).

The difficulty in determining these changes and benefits is obvious. Participants will not share the same goals, nor will each participant's goals be reached during the class or immediately upon its conclusion. Therefore, we suggest you design an evaluation for each individual based on the goal set in the final session. If people agree, keep a copy of the personal self-care plans and determine a future time for a review of progress.

In many instances, both the facilitator and the participant will need some baseline data with which to make future comparisons. If blood pressure reduction is a goal, for example, you will both want to know the present measurements. For exercise, you may want to compare the present ability (time and distance) to walk or run, or you both may determine that a before/after cardiovascular fitness appraisal is necessary. In all evaluations, rely on the participant's emotions and feelings about themselves as well as objective data as indicators of success.

Finally, a knowledge questionnaire is included as an evaluation tool. Again, knowledge questionnaire scores on pre- and post- tests do not indicate behavior change, but the tests are stimulating and thought provoking. Additionally, test scores give immediate reinforcement to the participants. Consider administering the test a few months after the course is over, in addition to the testing at the final session, to measure the long term retention of knowledge.

SESSION EVALUATION

Session Title ______________________________ Date __________

This is an evaluation of **this session.** Please check one box ☐ for each question. Your name is not required. If you have additional comments, use the reverse side.

1. How would you rate the subject content of this session?	☐ Excellent	☐ Good	☐ Poor	☐ Very Poor
2. The amount of practice provided for the subjects discussed was	☐ Too much	☐ A little too much	☐ Not enough	☐ None
3. Compared to other sessions in this workshop, how good was this one?	☐ The best	☐ Better than most	☐ Below average	☐ The worst

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PROGRAM FACILITATOR	Very well	Adequately	Below average	Poorly
1. Organized and presented material effectively.	☐	☐	☐	☐
2. Answered my questions.	☐	☐	☐	☐
3. Motivated me to learn.	☐	☐	☐	☐

GUEST FACILITATOR	Excellent	Good	Poor	Very Poor
1. Ability to hold the interest of the group was	☐	☐	☐	☐
2. Method of making presentation to the group was	☐	☐	☐	☐
3. Understanding of *self-care* was	☐	☐	☐	☐

YOURSELF	Some of the time	Most of the time	Very little	None of the time
1. I asked questions or made comments if I wanted to.	☐	☐	☐	☐
2. I feel that I did my best work in this session.	☐	☐	☐	☐
3. I feel that I put forth an honest effort in this session	☐	☐	☐	☐

PATIENT ACTIVATED CARE WORKSHOP EVALUATION

To help us plan for future workshops, please complete this evaluation. Your name is **not** required.

1. How many of the 10 sessions did you attend? ____ sessions
2. Please check any of the following benefits which you have gained from the program:

____ increased self-confidence in my daily health care decisions

____ made me more understanding of the aging process

____ identified serious illness

____ improved dental care

____ improved diet

____ reduced stress or suggested ways to reduce stress

____ improved or started scheduled exercise program

____ increased understanding and management of a chronic illness

____ other (specify) ________________________________

For the statements numbered 3-8 below, indicate your first impression by circling the appropriate number.

	Strongly Disagree	Disagree	Agree	Strongly Agree
3. The objectives of this program were **not** realistic for me.	1	2	3	4
4. This program will influence my behavior.	1	2	3	4
5. I would recommend the program to others.	1	2	3	4
6. This program achieved its stated objectives.	1	2	3	4
7. I did **not** have the opportunity to express my ideas.	1	2	3	4
8. I felt my participation was valued by the group.	1	2	3	4

9. Do you find the course textbook(s)
____ of great value? ____ of some value? ____ of little value?

Please explain ____

____

____

10. Were there topics **not** covered that you think should be included in future programs?

____

____

11. What do you plan to do with your new knowledge and understanding of self-care?

____

____

Please use the space below and reverse side (if needed) to make additional comments. Thank you.

INSTRUCTIONS ON USE OF KNOWLEDGE QUESTIONNAIRE

The questionnaire is a pre-/post-test. It can be administered to participants at the first session and the final session. You may wish to administer it months after the end of the program as a means of measuring long term retention. When conducting the test tell participants:

> I have asked you to write your name on this questionnaire so that you can compare your score with an identical questionnaire you will take after session ten. If you don't wish to know how your score has changed, there is no need to write your name. Please take the test, however. We will discuss the results as a group.

Answer Key

Agree			**Disagree**		
1	3	5	2	4	6
11	14	16	7	8	9
17	22	23	10	12	13
24	28	31	15	18	19
32	35	36	20	21	25
37	38	40	26	27	29
			30	33	34
			39		

Name ____________________

Date ____________________

KNOWLEDGE QUESTIONNAIRE

Instructions: Please read each statement and indicate with an "x" whether you generally agree or disagree with the statement. If you are unsure of the answer mark the "I don't know" space. Work through each statement quickly, and don't go back to change earlier responses. You aren't expected to know all of the correct answers.

1. Regular exercise will prevent loss of strength and mobility.
   ___ I agree ___ I disagree ___ I don't know
2. In a healthy person blood pressure does not change under stressful conditions.
   ___ I agree ___ I disagree ___ I don't know
3. If no other symptoms are present, minor vomiting within the first hour after a head injury need not be discussed immediately with a health professional.
   ___ I agree ___ I disagree ___ I don't know
4. Antibiotic drugs should usually be discontinued as soon as all symptoms of an illness disappear.
   ___ I agree ___ I disagree ___ I don't know
5. Recovery from illness takes longer as one grows older.
   ___ I agree ___ I disagree ___ I don't know
6. Tired, red eyes are effectively treated with preparations such as **MURINE** or **VISINE.**
   ___ I agree ___ I disagree ___ I don't know
7. By the time the first signs of dehydration appear, it is usually too late for home care.
   ___ I agree ___ I disagree ___ I don't know
8. Painful, frequent urination is **never** a case for home treatment. You need a doctor.
   ___ I agree ___ I disagree ___ I don't know
9. Blistery burns should be coated with first-aid creams or ointments.
   ___ I agree ___ I disagree ___ I don't know
10. A person who cannot speak and is turning blue is probably having a heart attack.
    ___ I agree ___ I disagree ___ I don't know
11. It is not usually important to reduce a fever of 100°.
    ___ I agree ___ I disagree ___ I don't know
12. Bright red blood found on toilet paper indicates digestive tract bleeding.
    ___ I agree ___ I disagree ___ I don't know

13. Skin lesions which enlarge and change color always indicate cancerous growths.
____ I agree ____ I disagree ____ I don't know

14. Antibiotics are of no value in the treatment of most colds.
____ I agree ____ I disagree ____ I don't know

15. All cough medications work primairly by suppressing the urge to cough.
____ I agree ____ I disagree ____ I don't know

16. Toothpaste is not needed to do a good job of brushing.
____ I agree ____ I disagree ____ I don't know

17. Medication for the treatment of glaucoma must be used for the rest of the individual's life.
____ I agree ____ I disagree ____ I don't know

18. **Anacin** and **Excedrin** contain pain relievers that are stronger than plain aspirin.
____ I agree ____ I disagree ____ I don't know

19. Drugs purchased without a prescription are always safe to use with prescription medications.
____ I agree ____ I disagree ____ I don't know

20. Tetanus boosters are needed at least every two years.
____ I agree ____ I disagree ____ I don't know

21. Once the heart stops, electrical shock or immediate surgery are the only ways to keep the patient alive.
____ I agree ____ I disagree ____ I don't know

22. A good rule of thumb is to avoid alcoholic beverages when taking **any** type of prescription or non-prescription medicine.
____ I agree ____ I disagree ____ I don't know

23. Chest pain that hurts more when you push on it is **not** likely to be a heart problem.
____ I agree ____ I disagree ____ I don't know

24. Brushing and flossing your teeth once a day will usually prevent tooth decay.
____ I agree ____ I disagree ____ I don't know

25. Since Medicare does not pay all costs, everyone should have a comprehensive insurance policy to supplement Medicare.
____ I agree ____ I disagree ____ I don't know

26. It is important to have at least one bowel movement per day.
____ I agree ____ I disagree ____ I don't know

27. Prescription drugs are usually needed to prevent complications of a cold.
____ I agree ____ I disagree ____ I don't know

28. An annual general checkup for cancer is suggested after the age of 40.
____ I agree ____ I disagree ____ I don't know

29. Gums will naturally bleed a bit during daily brushing.
____ I agree ____ I disagree ____ I don't know

30. Missing front teeth are more important to replace than back ones.
____ I agree ____ I disagree ____ I don't know

31. Cottage cheese has less fat and salt than most other popular cheeses.
____ I agree ____ I disagree ____ I don't know

32. Cold sores and fever blisters heal by themselves within two days to three weeks.
____ I agree ____ I disagree ____ I don't know

33. After a sprain of the ankle or knee, an x-ray can pinpoint the location of damage to the soft tissue.
____ I agree ____ I disagree ____ I don't know

34. The government makes certain that advertisers' claims about drugs bought without prescription are true.
____ I agree ____ I disagree ____ I don't know

35. There is no cause for alarm if you have an occasional lightheaded feeling when you move suddenly from a reclining to upright posture.
____ I agree ____ I disagree ____ I don't know

36. Sitting with the knees higher than the hips is helpful to the lower back.
____ I agree ____ I disagree ____ I don't know

37. A headache that comes on suddenly with a sharp pain should be discussed with a health professional.
____ I agree ____ I disagree ____ I don't know

38. Drinking more water will improve a nonproductive cough.
____ I agree ____ I disagree ____ I don't know

39. Common colds are often associated with rapid and labored breathing.
____ I agree ____ I disagree ____ I don't know

40. Strep throat infections may cause heart damage if not properly treated.
____ I agree ____ I disagree ____ I don't know